2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2005 8:00 am
Secretary of State
03-23-2005 90051 038 ****61.25

DOCUMENT # N93000003787

1. Entity Name
INSTITUTE FOR HEALTH CARE ADVOCACY, INC.

400375b3

Principal Place of Business	Mailing Address
1217 PONCE DE LEON BLVD. CLEARWATER, FL 33756 US	1401 N. MISSOURI AVE 321 LARGO, FL 33771 US

03212005 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3198066
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PARRI, DANIEL
1217 PONCE DE LEON BLVD.
CLEARWATER, FL 33756

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	PARRI, RAYMOND L
STREET ADDRESS	1217 PONCE DE LEON BLVD.
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	PD
NAME	TROMBLEY, MICHAEL J
STREET ADDRESS	329 COMMERCE AVE
CITY-ST-ZIP	SEBRING, FL 33870
TITLE	D
NAME	MOORE, EMILY
STREET ADDRESS	PO BOX 10966
CITY-ST-ZIP	TALLAHASSEE, FL 32302
TITLE	VP
NAME	PARRI, DANIEL C
STREET ADDRESS	1217 PONCE DE LEON BLVD
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	TSD
NAME	PARRI, SANDRA T
STREET ADDRESS	1217 PONCE DE LEON BLVD
CITY-ST-ZIP	CLEARWATER, FL 33756
TITLE	D
NAME	JACKSON, ROBERT
STREET ADDRESS	1800 2ND STREET SUITE 760
CITY-ST-ZIP	SARASOTA, FL 34236

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sandra T. Parri 3/21/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #