

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003787

FILED
Aug 12, 2008
Secretary of State

Entity Name: INSTITUTE FOR HEALTH CARE ADVOCACY, INC.

Current Principal Place of Business:

1217 PONCE DE LEON BLVD.
CLEARWATER, FL 33756 US

New Principal Place of Business:

Current Mailing Address:

1217 PONCE DE LEON BLVD
CLEARWATER, FL 33756 US

New Mailing Address:

1217 PONCE DE LEON BLVD.
CLEARWATER, FL 33756 US

FEI Number: 59-3198066 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: PARRI, RAYMOND L
Address: 1217 PONCE DE LEON BLVD.
City-St-Zip: CLEARWATER, FL 33756

Title: PD () Delete
Name: TROMBLEY, MICHAEL J
Address: 329 COMMERCE AVE
City-St-Zip: SEBRING, FL 33870

Title: D () Delete
Name: MOORE, EMILY
Address: PO BOX 10966
City-St-Zip: TALLAHASSEE, FL 32302

Title: VP () Delete
Name: PARRI, DANIEL C
Address: 1217 PONCE DE LEON BLVD
City-St-Zip: CLEARWATER, FL 33756

Title: TSD () Delete
Name: PARRI, SANDRA T
Address: 1217 PONCE DE LEON BLVD
City-St-Zip: CLEARWATER, FL 33756

Title: D () Delete
Name: JACKSON, ROBERT
Address: 1800 2ND STREET SUITE 760
City-St-Zip: SARASOTA, FL 34236

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANIEL C. PARRI

VP

08/12/2008

Electronic Signature of Signing Officer or Director

Date