

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003787

FILED
Jan 12, 2011
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:

FEI Number: 59-3198066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PARRI, DANIEL C
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: PD
Name: PARRI, DANIEL C
Address: 1217 PONCE DE LEON BLVD.
City-St-Zip: CLEARWATER, FL 33756

Title: D
Name: LINDAHL, WILL
Address: 1217 PONCE DE LEON BLVD
City-St-Zip: CLEARWATER, FL 33756

Title: VP
Name: PARRI, RAYMOND L
Address: 1217 PONCE DE LEON BLVD
City-St-Zip: CLEARWATER, FL 33756

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

Title: D
Name: LAZARUS, TINA
Address: 1217 PONCE DE LEON BLVD
City-St-Zip: CLEARWATER, FL 33756

I hereby 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 all other like empowered.

SIGNATURE: DANIEL C. PARRI

P

01/12/2011

Electronic Signature of Signing Officer or Director

Date