AMENDED

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

03 SEP 10 PM 12:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

900023521869
10/02/03--01081--027 **61.25

2003 AMENDED

DOCUMENT # N93000003787

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1217 Ponce de Leon Blvd.	1217 Ponce de Leon Blvd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Clearwater, FL	City & State: Clearwater, FL
Zip: 33756 / Country: USA	Zip: 33756 / Country: USA

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

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Raymond L. Parri

Street Address (P.O. Box Number is Not Acceptable): 1217 Ponce de Leon Blvd.

City: Clearwater FL Zip Code: 33756

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

FEE IS $61.25 Initial or Amended UBR

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MICHAEL J. TROMBLEY
STREET ADDRESS	329 Commerce Ave.
CITY-ST-ZIP	Sebring, FL 33870
TITLE	D
NAME	Raymond L. Parri
STREET ADDRESS	1217 Ponce de Leon Blvd.
CITY-ST-ZIP	Clearwater, FL 33756
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
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CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Sandra J. Parri T/S Aug 29, 2003 727-518-9662
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #