

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003787

Entity Name: INSTITUTE FOR HEALTH CARE ADVOCACY, INC.

FILED
Apr 19, 2022
Secretary of State
3572131510CC

Current Principal Place of Business:

310 S. TWIN OAKS VALLEY ROAD #107-174
SAN MARCOS, CA 92078

Current Mailing Address:

310 S. TWIN OAKS VALLEY ROAD #107-174
SAN MARCOS, CA 92078 US

FEI Number: 59-3198066

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INCORP SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 US

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

Officer/Director Detail :

Title PRESIDENT / DIRECTOR
Name DUNN, LEONARD
Address 310 S. TWIN OAKS VALLEY ROAD
 #107-174
City-State-Zip: SAN MARCOS CA 92078

Title DIRECTOR
Name ALBRITTON, MILES
Address 310 S. TWIN OAKS VALLEY ROAD
 #107-174
City-State-Zip: SAN MARCOS CA 92078

Title EXECUTIVE DIRECTOR
Name LINDAHL, WILLIAM
Address 310 S. TWIN OAKS VALLEY ROAD
 #107-174
City-State-Zip: SAN MARCOS CA 92078

Title DIRECTOR
Name DUNN, DEBBIE
Address 310 S. TWIN OAKS VALLEY ROAD
 #107-174
City-State-Zip: SAN MARCOS CA 92078

Title DIRECTOR, SECRETARY
Name ALBRITTON, JENNIFER
Address 310 S. TWIN OAKS VALLEY ROAD
 #107-174
City-State-Zip: SAN MARCOS CA 92078

Title DIRECTOR
Name COOK, JENNIFER
Address 310 S. TWIN OAKS VALLEY ROAD
 #107-174
City-State-Zip: SAN MARCOS CA 92078

Title DIRECTOR
Name WALTER, RENEE
Address 310 S. TWIN OAKS VALLEY ROAD
 #107-174
City-State-Zip: SAN MARCOS CA 92078

Title DIRECTOR, TREASURER
Name MCALLISTER, ANGELA
Address 310 S. TWIN OAKS VALLEY ROAD
 #107-174
City-State-Zip: SAN MARCOS CA 92078

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: WILLIAM LINDAHL

EXECUTIVE DIRECTOR

04/19/2022

Electronic Signature of Signing Officer/Director Detail

Date