

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003787

**FILED
Apr 27, 2015
Secretary of State
CC8139108426**

Entity Name: INSTITUTE FOR HEALTH CARE ADVOCACY, INC.

Current Principal Place of Business:

1217 PONCE DE LEON BLVD.
CLEARWATER, FL 33756

Current Mailing Address:

1217 PONCE DE LEON BLVD.
CLEARWATER, FL 33756 US

FEI Number: 59-3198066

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

PARRI, DANIEL C
1217 PONCE DE LEON BLVD.
CLEARWATER, FL 33756 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 CHARLES, SUSAN ESQ.
Address 1217 PONCE DE LEON BLVD.
City-State-Zip: CLEARWATER FL 33756

Title TREASURER, DIRECTOR
Name TROMBLEY, SHERRY
Address 1217 PONCE DE LEON BLVD
City-State-Zip: CLEARWATER FL 33756

Title SECRETARY, DIRECTOR
Name FRANGOS, BARBARA A DR.
Address 1217 PONCE DE LEON BLVD.
City-State-Zip: CLEARWATER FL 33756

Title VP, DIRECTOR
Name ALBRITON, MILES
Address 1217 PONCE DE LEON BLVD.
City-State-Zip: CLEARWATER FL 33756

Title DIRECTOR
Name DUNN, LEONARD DR.
Address 1217 PONCE DE LEON BLVD.
City-State-Zip: CLEARWATER FL 33756

Title CEO
Name PARRI, DANIEL C ESQ.
Address 1217 PONCE DE LEON BLVD.
City-State-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 PARRI

EXECUTIVE DIRECTOR

04/27/2015

Electronic Signature of Signing Officer/Director Detail

Date