

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000003787

**FILED**  
**Jan 24, 2013**  
**Secretary of State**  
**CC2724632715**

**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 STD  
Name PARRI, SANDRA T  
Address 1217 PONCE DE LEON BLVD.  
City-State-Zip: CLEARWATER FL 33756

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

Title DIRECTOR  
Name FRANGOS, BARBARA A DR.  
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:** SANDRA T. PARRI

**DIRECTOR**

**01/24/2013**

Electronic Signature of Signing Officer/Director Detail

Date