

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N93000003787

**Entity Name:** INSTITUTE FOR HEALTH CARE ADVOCACY, INC.

**Current Principal Place of Business:**

1 CIVIC CENTER DRIVE  
SUITE 310  
SAN MARCOS, CA 92069

**Current Mailing Address:**

1 CIVIC CENTER DRIVE  
SUITE 310  
SAN MARCOS, CA 92069 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        1 CIVIC CENTER DRIVE  
                  SUITE 310  
City-State-Zip: SAN MARCOS CA 92069

Title            SECRETARY / DIRECTOR  
Name            TROMBLEY, SHERRY  
Address        1 CIVIC CENTER DRIVE  
                  SUITE 310  
City-State-Zip: SAN MARCOS CA 92069

Title            TREASURER / DIRECTOR  
Name            ALBRITTON, MILES  
Address        1 CIVIC CENTER DRIVE  
                  SUITE 310  
City-State-Zip: SAN MARCOS CA 92069

Title            EXECUTIVE DIRECTOR  
Name            LINDAHL, WILLIAM  
Address        1 CIVIC CENTER DRIVE  
                  SUITE 310  
City-State-Zip: SAN MARCOS CA 92069

Title            DIRECTOR  
Name            MARCHINI, JOHN D.  
Address        1 CIVIC CENTER DRIVE  
                  SUITE 310  
City-State-Zip: SAN MARCOS CA 92069

*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**

**03/14/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date