FILED
Apr 20, 2005 8:00 am
Secretary of State
04-20-2005 90300 040 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F02000000898

1. Entity Name
INTERNATIONAL HEALTH INSURANCE DANMARK FORSIKRINGSSELSKAB

40063458

Principal Place of Business	Mailing Address
8, PALAEGADE, DK-1261 COPENHAGEN DENMARK,	8, PALAEGADE, DK-1261 COPENHAGEN DENMARK,

03302005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
		Two Alhambra Plaza	
Suite, Apt. # etc.		Suite, Apt. #, etc. Suite 802	
City & State		City & State CORAL GABLES, FL	
Zip	Country	Zip 33134	Country USA

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CHIEF FINANCIAL OFFICER
P.O. BOX 6200 32314-6200
200 E. GAINES ST.
TALLAHASSEE, FL 32399

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PCEO	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JORGENSEN, PER BAY		NAME		
STREET ADDRESS	194 J, STRANDVEJEN, DK-2920		STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTENLUND, DENMARK,		CITY-ST-ZIP		
TITLE	V	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JENKINS, PETER		NAME		
STREET ADDRESS	KINGSWAY 63 KING EDWARD ROAD		STREET ADDRESS		
CITY-ST-ZIP	BRITISH ISLES, IM3 AR2,		CITY-ST-ZIP		
TITLE	TCFO	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	MOLLER, ALLAN		NAME		
STREET ADDRESS	2, VIEKAER, TRORÒD, DK-2950		STREET ADDRESS	Birkebakken 25	
CITY-ST-ZIP	VEDBAEK, DENMARK,		CITY-ST-ZIP	2840 Holte, DENMARK	
TITLE	CD	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	ROSSI, MASSIMO		NAME		
STREET ADDRESS	RUE DE RIVE 64		STREET ADDRESS	14, rue St. Jean	
CITY-ST-ZIP	NYON, SWITZERLAND,		CITY-ST-ZIP	1260 NYON, SWITZERLAND	
TITLE	D	☐ Delete	TITLE		☒ Change ☐ Addition
NAME	JENSEN, BJORN HOI		NAME		
STREET ADDRESS	STOLLBERG PLAZA, SERVICE APT.-2-4, APT 213		STREET ADDRESS	Indiakaj 7, 2. M.F.	
CITY-ST-ZIP	MUNCHEN, GERMANY,		CITY-ST-ZIP	2100 Copenhagen, DENMARK	
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	SORENSEN, VAGN OVE		NAME		
STREET ADDRESS	SCHREIBERWEG 33A		STREET ADDRESS		
CITY-ST-ZIP	A-1190 WIEN AUSTRIA,		CITY-ST-ZIP		

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 31-03-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

Allan Moller