
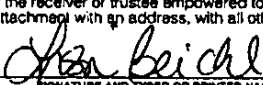


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

02-27-2006 90108 024 ***150.00

DOCUMENT # F02000000898			
1. Entity Name INTERNATIONAL HEALTH INSURANCE DANMARK FORSIKRINGSSKAB			
Principal Place of Business 8, PALAEGADE, DK-1261 COPENHAGEN DENMARK,		Mailing Address 2 ALHAMBRA PLAZA STE 802 MIAMI, FL 33134	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CHIEF FINANCIAL OFFICER P.O. BOX 6200 32314-6200 200 E. GAINES ST. TALLAHASSEE, FL 32399		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCEO JORGENSEN, PER BAY 194 J. STRANDVEJEN, DK-2920 CHARLOTTENLUND, DENMARK, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO Stubbington, John Paul Nicola Eigfredsgade 34, 2th Copenhagen, DK 1402 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V JENKINS, PETER KINGSWAY 63 KING EDWARD ROAD BRITISH ISLES, IM3 AR2, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	President Holden, Dean Allan Little Jude, London Road 32 Tonbridge TN11 403 DA, U.K. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TCFO MOLLER, ALLAN BIRKEBAKKEN 25 HOLLE, DN 2840 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	TCFO Moller, Allan Birkebakken 25 Holte, DK 2840 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CD ROSSI, MASSIMO 14 RUE ST JEAN NYON, SW 1260 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Vice President Biddlestone, Keith 28 Britannia Court Brighton, BN1 5SE, U.K. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JENSEN, BJORN HOI INDINKAJ 7 2 M F COPENHAGEN, DN 2100 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Davis, Julian Peter Timberla, Warminster Rd Wiltshire SP2 0QW, U.K. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SORENSEN, VAGN OVE SCHREIBERWEG 33A A-1190 WIEN AUSTRIA, <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	Linares Liebana, Maria Pasad de Alarcon 28233 Madrid Spain <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  LISA BEICHL, US MANAGER 2-23-06 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			

66007425



01262006 Chg-P CR2E034 (11/05)

4. FEI Number
NOT APPLICABLE Applied For
Not Applicable

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

FL

Zip Code

ALLAN MOLLER

305-476-9200



FLORIDA DEPARTMENT OF STATE
Division of Corporations

ATTACHMENT

106007425

F02000000898

March 2, 2006

INTERNATIONAL HEALTH INSURANCE DANMARK FORSIKRINGSSELSK
2 ALHAMBRA PLAZA
STE 802
MIAMI, FL 33134

Subject: ~~INTERNATIONAL HEALTH INSURANCE DANMARK~~

Reference Number: F02000000898

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$150.00; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The person that signed the annual report/uniform business report is not listed as a current officer/director of the corporation. The person signing must be listed as a current officer/director on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 1500, Tallahassee, Florida 32302-1500 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at 850-245-6056 and press 4. Your call will be answered in the order it is received.

/JD

ANNUAL REPORTS SECTION

A member of the **BUPA** group

ATTACHMENT

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International
Health
Insurance
danmark a/s

Division of Corporations,
P.O. Box 1500
Tallahassee, Florida 32302-1500
USA

FC2000000898

Enclosed please find annual report/uniform business report corrected.

Kind regards

Katixa Arregui, accounts