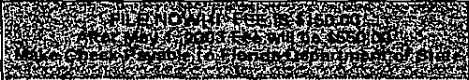


FILED
Jun 02, 2003 8:00 am
Secretary of State

05-05-2003 91796 039 ***150.00

2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

55045617

DOCUMENT # F02000002626					
1. Entity Name INTERNATIONAL HEALTHCARE INVESTMENTS LTD., INC.					
Principal Place of Business 2150 WHITFIELD INDUSTRIAL WAY SARASOTA, FL 34243			Mailing Address 2150 WHITFIELD INDUSTRIAL WAY SARASOTA, FL 34243		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number 04-3661943				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CAPITAL CONNECTION, INC. 417 EAST VIRGINIA STREET TALLAHASSEE, FL 31302				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 date if applicable (NOTE: Registered Agent's signature required when missing) DATE _____					
				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	PSTD	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	GRECO, SAMUEL A		NAME		
STREET ADDRESS	2150 WHITFIELD INDUSTRIAL WAY		STREET ADDRESS		
CITY-ST-ZIP	SARASOTA, FL 34243		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)(1), 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: <u>Samuel A. Greco</u> <u>SAMUEL A. GRECO</u> <u>PRESIDENT</u> <u>4/24/03</u> <u>941-753-5000</u>					
SIGNATURE AND TYPED OR PRINTED NAME OF EMPLOYING OFFICER OR DIRECTOR					

CR2003A (10/02)