




2004 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 JAN 20 AM 11:33

DOCUMENT # L01000017225 1. Entity Name INTERNATIONAL HEALTHCARE DEVELOPMENT GROUP, L.L.C.					
Principal Place of Business 2901 S.W. 3RD AVENUE, SUITE 1A FT. LAUDERDALE, FL 33015			Mailing Address 2901 S.W. 3RD AVENUE, SUITE 1A FT. LAUDERDALE, FL 33015		
2. Principal Place of Business Suite, Apt. #, etc. Suite 1A City & State		3. Mailing Address Suite, Apt. #, etc. Suite 1A City & State			
Zip 33315 Country		Zip 33315 Country		4. FEI Number 37-1423215	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent CONRAD, EDWARD C 1700 S.E. 9TH STREET FT. LAUDERDALE, FL 33316			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 04-05 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.</small>				DATE 12-5-04 <small>(NOTE: Registered Agent signature required when reinstating)</small>	
FILE NOW!!! FEE IS \$150.00 After January 1, 2005, Fee will be \$200.00		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CONRAD, EDWARD C 1700 S.E. 9TH STREET FT. LAUDERDALE, FL 33316		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			SHERYL HESS as BOOKKEEPER DATE 12-5-04 DAYTIME PHONE # 770-998-9800 EXT 261		