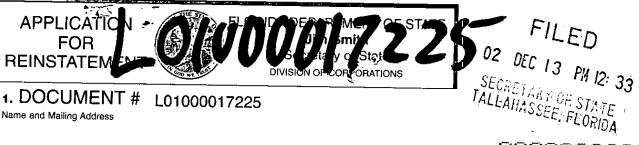
## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.



Name and Mailing Address

Typed or printed name of signing Managing

0003335 01 FP 0,352 \*\*PR\$RT TO 0 0615 33315-310712 lathathadiadhadhadhadhladhathalla INTERNATIONAL HEALTHCARE DEVELOPMENT GROUP, L.L.C. 2901 S.W. 3RD AVENUE, SUITE 1-B FT. LAUDERDALE FL 33315-3107

900005936299 11/12/02--01085--008 \*\*\*155.00

<u> </u>	~	<del></del>	 <b></b>	 	 	 	

2. New Mailing	see Above -	4. State/Country of Formation				
City, Stare, Zip				<b>3.</b> Date Organized or Qualified To Do Business in Florida	•	0/04/2001
Principal Place of 2901 S. FT. LAL	of Business  JOERDALE FL 30015  City, State,	rincipal Place of Busines Same	ss Address	6. EEI Number 37-142 321.	5 \$5.00 A	Applied For  Not Applicable  Idditional Fee required Certificate of Status
2901 S.	8. Name and Address of Current Registered A  AD, EDWARD W. 3RD AVENUE, SUITE 1-B  JDERDALE FL 30015	gent	Name E	U. Box Number is Not Acceptable)	egistered Age	
10. I, being appointment of Registered Agent			City FT. L	_	FL	Zip Co <b>333</b> 16
11. Names and Title(s)	Street Addresses of Each Managing Member/Man Name of Managing Members/Managers	Stree	et Address of Each			
VGRM 7	Edward C CONRAG		ng Member/Manager	<del></del>	city/State/Z	3537
	REINSTATEMEN	12002				
12. I certify that I filing this reins all fees owed as if made ur Signature of Managing Membel	am managing member/manager or the receiver of statement application the reason for dissolution has by the limited liability company have been poid. The noter path.	r trustee empowered to beer eliminated, the lime information indicated o	this application is to	tion as provided for in chapter 608 y name satisfies the requirements or the and accurate, and my signature  Description  Description	shall have the	06, F.S., and that same legal effect