


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Sep 09, 2004 8:00 am**  
**Secretary of State**

09-09-2004 90012 003 \*\*\*\*70.00

|                                                           |                                                                                   |
|-----------------------------------------------------------|-----------------------------------------------------------------------------------|
| <b>DOCUMENT # N03000003126</b>                            |  |
| 1. Entity Name<br><b>INTERNATIONAL HEALTH CORPORATION</b> |                                                                                   |

|                                                                                    |                                                                        |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|
| Principal Place of Business<br><b>370 MELBOURNE DRIVE<br/>HAINES CITY FL 33844</b> | Mailing Address<br><b>370 MELBOURNE DRIVE<br/>HAINES CITY FL 33844</b> |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------|

|                                |                     |
|--------------------------------|---------------------|
| 2. Principal Place of Business | 3. Mailing Address  |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. |
| City & State                   | City & State        |
| Zip                            | Country             |



MOORE CR2E037 (4/04)

|                                    |                                                        |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number<br><b>51-0460396</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

|                                                                      |                                       |
|----------------------------------------------------------------------|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |
|----------------------------------------------------------------------|---------------------------------------|

|                                                                                                                                |  |
|--------------------------------------------------------------------------------------------------------------------------------|--|
| 6. Name and Address of Current Registered Agent<br><br><b>MAY, ALVIS H JR<br/>370 MELBOURNE DRIVE<br/>HAINES CITY FL 33844</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------|--|

|                                                    |          |
|----------------------------------------------------|----------|
| 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 <u>Alvis H. May, Jr.</u>                                                                                                                                                                                            | DATE <u>8/31/2004</u> |

|                                                              |                                                                                     |                                    |                                                              |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------|
| <b>FILE NOW: FEE IS \$61.25<br/>Due By September 8, 2004</b> | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> | <b>\$5.00</b> May Be Added to Fees | <b>Make Check Payable to<br/>Florida Department of State</b> |
|--------------------------------------------------------------|-------------------------------------------------------------------------------------|------------------------------------|--------------------------------------------------------------|

| 10. OFFICERS AND DIRECTORS |                                 | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 |                                                                              |
|----------------------------|---------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE                      | <input type="checkbox"/> Delete | TITLE                                                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |                                 | NAME                                                  |                                                                              |
| STREET ADDRESS             |                                 | STREET ADDRESS                                        |                                                                              |
| CITY-ST-ZIP                |                                 | CITY-ST-ZIP                                           |                                                                              |
|                            |                                 | <b>Executive Director</b>                             |                                                                              |
|                            |                                 | <b>ALVIS H. MAY, JR.</b>                              |                                                                              |
|                            |                                 | <b>370 Melbourne Drive</b>                            |                                                                              |
|                            |                                 | <b>HAINES CITY, FL 33844</b>                          |                                                                              |
|                            |                                 | <b>Director</b>                                       |                                                                              |
|                            |                                 | <b>Agnes B. May</b>                                   |                                                                              |
|                            |                                 | <b>370 Melbourne Drive</b>                            |                                                                              |
|                            |                                 | <b>HAINES CITY, FL 33844</b>                          |                                                                              |
|                            |                                 | <b>Director</b>                                       |                                                                              |
|                            |                                 | <b>Bonnie E. Miller</b>                               |                                                                              |
|                            |                                 | <b>5891 Carbeck Drive</b>                             |                                                                              |
|                            |                                 | <b>Huntington Beach, CA 92647</b>                     |                                                                              |
|                            |                                 |                                                       |                                                                              |
|                            |                                 |                                                       |                                                                              |
|                            |                                 |                                                       |                                                                              |
|                            |                                 |                                                       |                                                                              |

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 617, 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>Alvis H. May, Jr.</u> | DATE: <u>8/31/2004</u> | PHONE: <u>863-206-4693</u> |
|-------------------------------------|------------------------|----------------------------|