

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 06, 2005 8:00 am
Secretary of State

07-14-2005 90081 045 ****61.25
03-11-2005 90320 033 ****61.25
02-02-2005 90062 023 ****61.25

DOCUMENT # N04000000898 1. Entity Name INTERNATIONAL HIFU SOCIETY, INC.					
Principal Place of Business 7000 S.W. 62ND AVENUE SUTIE 100 SOUTH MIAMI, FL 33143			Mailing Address 7000 S.W. 62ND AVENUE SUTIE 100 SOUTH MIAMI, FL 33143		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FIELDSTONE, RONALD R 7000 S.W. 62ND AVENUE SUTIE 100 SOUTH MIAMI, FL 33143			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
9. 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		 (NOTE: Registered Agent signature required when reappointing)			
Filing Fee is \$81.25 Due by September 7, 2005		10. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DR. GEORGE M. SUAREZ 7000 SW 62 AVE, MIAMI, FL. 33143 ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	RONALD FIELDSTONE 7000 SW 62 AVE. MIAMI, FLA, 33143, ☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(D), 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:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
		7/8/05		305-740 0994	

3/
2/
7/



07062005 Chg-NP CR2E037 (10/03)

4. FEI Number
83-0383770

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

Sept. 1, 2005

(ERROR)