


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 02, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N04000000898</b>	
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
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DO NOT WRITE IN THIS SPACE



01222007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>83-0383770</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

FIELDSTONE, RONALD R  
7000 S.W. 62ND AVENUE  
SUTIE 100  
SOUTH MIAMI, FL 33143

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

<b>Filing Fee is \$81.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	U00000654242 03/13/07-80053-022 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DR SUAREZ, GEORGE M 7000 SW 62 AVE SUITE 100 MIAMI, FL 33143
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FIELDSTONE, RONALD 7000 SW 62 AVE MIAMI, FL 33143
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 # \_\_\_\_\_