

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000005669

FILED  
Aug 26, 2008  
Secretary of State

Entity Name: THE IHDO OF FLORIDA, INC.

## Current Principal Place of Business:

1050 WILSHIRE CIRCLE WEST  
PEMBROKE PINES, FL 33027

## New Principal Place of Business:

## Current Mailing Address:

1050 WILSHIRE CIRCLE WEST  
PEMBROKE PINES, FL 33027

## New Mailing Address:

FEI Number: 56-2581869      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

DELVA, FRANTZ DR  
3101 NW 47 TERRACE STE 129-4  
LAUDERDALE LAKES, FL 33319      US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: DP      ( ) Delete  
Name: MOISE, EVELYNE MD  
Address: 1050 WILSHIRE CIRCLE WEST  
City-St-Zip: PEMBROKE PINES, FL 33027

Title: DV      ( ) Delete  
Name: JODESTY, YVES MD  
Address: 1040 NW 10TH AVE  
City-St-Zip: FORT LAUDERDALE, FL 33311

Title: DS      ( ) Delete  
Name: DELVA, FRANTZ MD  
Address: 9715 WEST BROWARD BLVD STE 231  
City-St-Zip: FORT LAUDERDALE, FL 33324

Title: DT      ( ) Delete  
Name: CASTOR, YANICK RN  
Address: 10362 SW 9TH AVE  
City-St-Zip: PEMBROKE PINES, FL 33025

Title: DT      ( ) Delete  
Name: NIRVA, DERIZIER MD  
Address: 8431 NW 44TH CT  
City-St-Zip: LAUDERDALE, FL 33351

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DS      (X) Change ( ) Addition  
Name: DELVA, FRANTZ MD  
Address: 3101 NW 47TERRACE SUITE 129-4  
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DR FRANTZ DELVA

DR

08/26/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date