2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2011
Secretary of State

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Entity Name: GOOD SHEPHERD INTERNATIONAL HEALTH FOUNDATION, INC.

Current Principal Place of Business:

16800 NW 2ND AVE #107
NORTH MIAMI BEACH, FL 33169

New Principal Place of Business:

Current Mailing Address:

PO BOX 640204
MIAMI, FL 33164

New Mailing Address:

FEI Number: 27-2716803 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELVA, ROSE L
16800 NW 2ND AVE #107
NORTH MIAMI BEACH, FL 33169 US

Name and Address of New Registered Agent:

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
Name: DELVA, ROSE L DR
Address: PO BOX 640204
City-St-Zip: MIAMI, FL 33164

Title: DV
Name: DELVA, GESNER DR
Address: PO BOX 640204
City-St-Zip: MIAMI, FL 33164

Title: DS
Name: PHILOGENE, MARIELLE
Address: 6511 NW MIAMI PLACE
City-St-Zip: MIAMI, FL 33050

Title: DT
Name: THERMIDOR, SAUL D ESQ
Address: PO BOX 551972
City-St-Zip: MIAMI GARDEN, FL 33055

I hereby 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 all other like empowered.

SIGNATURE: DR. ROSE L. DELVA M.D. DP 01/27/2011
Electronic Signature of Signing Officer or Director Date