2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2007
Secretary of State

DOCUMENT# N95000003278

Entity Name: INTERNATIONAL INSTITUTE FOR HEALTHCARE AND HUMAN DEVELOPMENT, INC.

Current Principal Place of Business:

2602 SAN DOMINGO STREET
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2602 SAN DOMINGO STREET
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0643642 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EVERINGHAM, PHILIP B
2602 SAN DOMINGO STREET
CORAL GABLES, FL 33134 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: VD ( ) Delete
Name: YOURIST, JAY E
Address: 10650 SW 137TH STREET
City-St-Zip: MIAMI, FL 33176

Title: CD ( ) Delete
Name: EVERINGHAM, PHILIP B
Address: 2602 SAN DOMINGO STREET
City-St-Zip: CORAL GABLES, FL 33134

Title: D ( ) Delete
Name: SIPOS, ANDREW J
Address: 250 BIRD ROAD # 302
City-St-Zip: CORAL GABLES, FL 33146 OC

Title: D ( ) Delete
Name: KIEGER, JOE
Address: 1700 N MONROE STREET, SUITE #11-113
City-St-Zip: TALLAHASSEE, FL 32303

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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: JAY E. YOURIST VD 04/28/2007

Electronic Signature of Signing Officer or Director — Date