

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000003278

FILED
Mar 08, 2010
Secretary of State

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

Current Principal Place of Business:

4993 S. W. 74 COURT - GROUND FLOOR
MIAMI, FL 33155

New Principal Place of Business:

4993 S. W. 74 COURT - SUITE A
MIAMI, FL 33155

Current Mailing Address:

2602 SAN DOMINGO STREET
CORAL GABLES, FL 33134

New Mailing Address:

4993 S. W. 74 COURT - SUITE A
MIAMI, FL 33155

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:

BLACK, ROBERT J
901 PONCE DE LEON BOULEVARD
PENTHOUSE
CORAL GABLES, FL 33134 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: ROBERT J. BLACK

03/08/2010

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D
Name: YOURIST, JAY E
Address: 10650 SW 137TH STREET
City-St-Zip: MIAMI, FL 33176

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

Title: D
Name: CHAPMAN, GILLETTE A
Address: 4993 S. W. 74 COURT - SUITE A
City-St-Zip: MIAMI, FL 33155

Title: D
Name: KRIEGER, JOSEPH K
Address: 1700 N MONROE STREET, SUITE #11-113
City-St-Zip: TALLAHASSEE, FL 32303

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: PHILIP B. EVERINGHAM

CD

03/08/2010

Electronic Signature of Signing Officer or Director

Date