2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000005891

FILED Jan 07, 2008 Secretary of State

Entity Name: INTERNATIONAL HOSPITAL RELIEF FOUNDATION, INC. **New Principal Place of Business: Current Principal Place of Business:** 6630 BISCAYNE BOULEVARD MIAMI, FL 33138 **Current Mailing Address: New Mailing Address:** 6630 BISCAYNE BOULEVARD MIAMI, FL 33138 FEI Number: 65-0719890 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: IKPE, HELEN R 6630 BISCAYNE BOULEVARD MIAMI, FL 33138 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete IKPE, HELEN Name: Name: Address: 6630 BISCAYNE BLVD Address: MIAMI, FL 33138 City-St-Zip: City-St-Zip: Title: Title: (X) Change () Addition () Delete IKPE, UDVAK N Name: Name: IKPE, UDUAK N Address: 13551 SW 62 ST Address: 13551 SW 62 ST City-St-Zip: MIAMI, FL 33156 City-St-Zip: MIAMI, FL 33156 Title: () Delete Title: () Change () Addition IKPE, EDIDIONG Name: Name: 13551 SW 62 ST Address: Address: City-St-Zip: MIAMI, FL 33156 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: HELEN R.IKPE P 01/07/2008