2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2001 8:00 am
Secretary of State
04-02-2001 90104 049 ***150.00

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DOCUMENT # P00000041552

1. Entity Name
INTERNATIONAL HEALTH-NETWORK, INC.

Principal Place of Business	Mailing Address
299 ALHAMBRA CIRCLE #503 CORAL GABLES FL 33134	299 ALHAMBRA CIRCLE #503 CORAL GABLES FL 33134

D0030451

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6161 Blue Lagoon Drive	6161 Blue Lagoon Drive
Suite, Apt. #, etc. 360	Suite, Apt. #, etc. 360
City & State MIAMI, Florida	City & State MIAMI, Florida
Zip 33126 / Country MIAMI-DADE	Zip 33126 / Country MIAMI-DADE

4. FEI Number 65-1049923 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORTES, FERNANDO D ~~299 ALHAMBRA CIRCLE #503~~ ~~CORAL GABLES FL 33134~~	Name: CORTES, Fernando D. Street Address (P.O. Box Number is Not Acceptable): 6161 Blue Lagoon Drive Suite #360 City: MIAMI FL Zip Code: 33126

8. 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: [signature] 3/29/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D	TITLE	D ☒ Change ☐ Addition
NAME	CORTES, FERNANDO D	NAME	Cortes, Fernando D.
STREET ADDRESS	~~299 ALHAMBRA CIRCLE #503~~	STREET ADDRESS	6161 Blue Lagoon Drive #360
CITY-ST-ZIP	~~CORAL GABLES FL 33134~~	CITY-ST-ZIP	MIAMI, Florida 33126
TITLE	D	TITLE	D ☒ Change ☐ Addition
NAME	JIMENEZ, LUIS I	NAME	Jimenez, Luis I.
STREET ADDRESS	~~299 ALHAMBRA CIRCLE #503~~	STREET ADDRESS	6161 Blue Lagoon Drive #360
CITY-ST-ZIP	~~CORAL GABLES FL 33134~~	CITY-ST-ZIP	MIAMI, Florida 33126
TITLE	D	TITLE	D ☒ Change ☐ Addition
NAME	CORTES, FERNANDO D	NAME	Cortes, Fernando D. (Jr.)
STREET ADDRESS	~~299 ALHAMBRA CIRCLE #503~~	STREET ADDRESS	6161 Blue Lagoon Drive #360
CITY-ST-ZIP	~~CORAL GABLES FL 33134~~	CITY-ST-ZIP	MIAMI, Florida 33126
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] F. Cortes 3/29/01 305 266 6500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)