

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

01-02 UBR

FILED

02 APR 19 AM 11:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000091679

1. Entity Name
International Hospital and
Healthcare Consultants, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
8565 NW 29th Drive
Suite, Apt. #, etc.

3. Mailing Address
8565 NW 29th Dr.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Coral Springs FL
Zip 33065 Country USA

City & State
Coral Springs FL
Zip 33065 Country USA

4. FEI Number
05-1057782
Applied For
Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Karen Hatch
Street Address (P.O. Box Number is Not Acceptable)
8565 NW 29th Dr.
City Coral Springs FL Zip Code 33065

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 Karen Hatch Karen Hatch 4-3-02
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)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Paul Mouritsen 4826 Hidden Palm Place West Melbourne FL 32904	TITLE NAME STREET ADDRESS CITY-ST-ZIP	100005482771-- -05/08/02--01003--004 ****308.75 ****308.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Monica Corbett 1145 San Pedro Ave. Miami FL 33156	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer / Secretary Karen Hatch 8565 NW 29th Dr Coral Springs FL 33065	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Karen Hatch Karen Hatch 4-3-02 9547960447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034B (12/01)

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

**CORPORATION
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P00000091679

1. Corporation Name
International Hospital and Healthcare
Consultants, Inc.

2. Principal Office Address 8565 NW 29th Drive
3. Mailing Office Address 8565 NW 29th Drive

Suite, Apt. #, etc.

City & State
Coral Springs FL

Zip Country
33065 USA

4. Date Incorporated or Qualified To Do Business in Florida Sept. 28 2000

5. FEI Number 65-1057782
Applied For Not Applicable

6. CERTIFICATE OF STATUS DESIRED \$8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent
Name: Karen Hatch
Street Address (P.O. Box Number is Not Acceptable): 8565 NW 29th Drive
Suite, Apt. #, Etc.:
City: Coral Springs State: FL Zip Code: 33065

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.
Signature of Registered Agent: *Karen B. Hatch* Date: 4-3-2002
REGISTERED AGENT MUST SIGN

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
S/T	Karen Hatch	8565 NW 29th Drive Coral Springs FL	Coral Springs FL 33065
P	Paul Mouritsen	4826 Hidden Palm Place	West Melbourne FL 32904
VP	Monica Corbett	1145 San Pedro Ave	Miami FL 33156

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: *Karen B. Hatch* Karen B. Hatch Date: 4-3-02 Daytime Phone #: 954 796-0447
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRZE081 (8/01)

**INTERNATIONAL HOSPITAL AND
HEALTHCARE CONSULTANTS, INC.**

April 3, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee FL 32314

RE: International Hospital and Healthcare Consultants, Inc.
Document # P00000091679
EIN # 65-1057782

Dear Sir or Madam:

Please reinstate corporate status for the above referenced corporation. Yesterday, while attempting to find a blank UBR on your web site, I discovered that we had been administratively dissolved in September of 2001 for not filing a UBR last year. We never received this form last year and it went unnoticed because we were not up and running at that time. I called your office and found out that both forms had been returned to your office as "undeliverable." Apparently, the wrong address is in your system.

Enclosed please find a completed Corporation Reinstatement Form, a completed UBR for this year and a check for \$308.75 for this and last years' annual fees and a certificate of status. Please waive the reinstatement fee because this was the result of a typographical error in your computer.

Thank you for your consideration in this matter.

Sincerely,



Karen B. Hatch
Corporate Secretary/Treasurer