5/24

**FILED**
**Jul 08, 2002 8:00 am**
**Secretary of State**
05-24-2002 91338 034 ***150.00

# FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P01000038095

1. Entity Name
Integrated Healthcare Resources

- 01515

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 18520 NW 67 Ave | 18520 NW 67 Ave |
| Suite, Apt. #, etc. #277 | Suite, Apt. #, etc. #277 |
| City & State Miami FL | City & State Miami FL |
| Zip 33015 Country USA | Zip 33015 Country US |

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-1095299 ☐ Applied For ☐ Not Applicable

5. $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
George Bahadue
Street Address (P.O. Box Number is Not Acceptable)
18520 NW 67 Ave
City Miami FL Zip Code 33015

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: George Paul Bahadue (required when mailed) DATE 4/29/02

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 | PSTD |
| NAME | George Bahadue |
| STREET ADDRESS | 18520 NW 67 Ave |
| CITY-ST-ZIP | Miami FL 33015 |
| TITLE | |
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DO NOT WRITE IN THIS SPACE

CR2EC046 (12/01)

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: George Paul Bahadue George Paul Bahadue 4/28/02 305 829-2340
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #