2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2005
Secretary of State

DOCUMENT# P02000035568

Entity Name: INTERNATIONAL HEALTH PROVIDERS, INC.

Current Principal Place of Business:

1022 NW 8TH STREET ROAD
MIAMI, FL 33136

New Principal Place of Business:

910 NE 117 STREET
BISCAYNE PARK, FL 33161

Current Mailing Address:

1022 NW 8TH STREET ROAD
MIAMI, FL 33136

New Mailing Address:

910 NE 117 STREET
BISCAYNE PARK, FL 33161

FEI Number: 01-0663228 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KAPLAN, HERBERT J CPA
10011 PINES BLVD
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	VP ( ) Delete
Name:	MARQUEZ, WILLIAM J
Address:	1022 NW 8TH STREET ROAD
City-St-Zip:	MIAMI, FL 33136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	CEO (X) Change ( ) Addition
Name:	MARQUEZ, WILLIAM J
Address:	910 NE 117 STREET
City-St-Zip:	BISCAYNE PARK, FL 33161

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM J MARQUEZ CEO 02/08/2005
Electronic Signature of Signing Officer or Director Date