

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000065311

**FILED**  
**Apr 24, 2006**  
**Secretary of State**

**Entity Name:** INTERNATIONAL HEALTHCARE RECRUITERS, INC.

**Current Principal Place of Business:**

1133 S. UNIVERSITY DRIVE  
STE 202  
PLANTATION, FL 33324 US

**New Principal Place of Business:**

1133 S. UNIVERSITY DRIVE  
SUITE 202  
PLANTATION, FL 33324 US

**Current Mailing Address:**

1133 S. UNIVERSITY DRIVE  
STE 202  
PLANTATION, FL 33324 US

**New Mailing Address:**

FEI Number: 02-0620471      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LEVINE, MICHAEL  
1133 S. UNIVERSITY DRIVE  
211  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

LEVINE, MICHAEL  
1133 S. UNIVERSITY DRIVE  
202  
PLANTATION, FL 33324 US

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: MICHAEL LEVINE      04/24/2006  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: TRUST, SONDR  
Address: 1133 S. UNIVERSITY DRIVE #202  
City-St-Zip: PLANTATION, FL 33324 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

SIGNATURE: SONDR TRUST PRESIDENT      MS.      04/24/2006  
\_\_\_\_\_  
Electronic Signature of Signing Officer or Director      Date