

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90076 046 \*\*\*150.00

<b>DOCUMENT # P05000150527</b>						
<b>1. Entity Name</b> INTERNATIONAL PATIENT FINANCIAL SERVICES CORPORATION						
<b>Principal Place of Business</b> 1 ALHAMBRA PLAZA SUITE 1425 CORAL GABLES, FL 33134			<b>Mailing Address</b> 1 ALHAMBRA PLAZA SUITE 1425 CORAL GABLES, FL 33134			
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country	01112006    Chg-P    CR2E034 (11/05)		
<b>4. FEI Number</b> 65-1268112				Applied For <input type="checkbox"/> Not Applicable		
<b>5. Certificate of Status Desired</b>				<input type="checkbox"/> \$8.75 Additional Fee Required		
<b>6. Name and Address of Current Registered Agent</b>  HUESMANN, NICOLE J 150 ALHAMBRA CIRCLE SUITE 1150 CORAL GABLES, FL 33134			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____			
<b>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. I am familiar with, and accept the obligations of registered agent.</b>						
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>						
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees				
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOHMS, FRANK E 1627 DOUGLAS ROAD, #704 MIAMI, FL 33145		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP HUESMANN, NICOLE J 150 ALHAMBRA CIRCLE, SUITE 1150 CORAL GABLES, FL 33134		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DOHMS, FRANK E 1627 DOUGLAS ROAD, #704 MIAMI, FL 33145		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>						
<b>SIGNATURE:</b> Nicole J. Huesmann, VP 2/21/06 3058802220						

ATTACHMENT

40019679

~~Orshan, Lithman, Seiden, Ramos, Hatton & Huesmann, LLP~~  
# P05000150527

A PARTNERSHIP OF PROFESSIONAL ASSOCIATIONS

150 Alhambra Circle  
Suite 1150  
Coral Gables, Florida 33134

Tel: (305) 858-0220  
Fax: (305) 854-6810  
Email: law@olsrhh.com  
www.olsrhh.com

**Attorneys at Law**

Robert D. Orshan  
Robert P. Lithman  
Jan K. Seiden  
Jorge H. Ramos  
David L. Hatton  
Nicole J. Huesmann

Ariana Fajardo

Of Counsel:  
Albert L. Weintraub

February 22, 2006

VIA REGULAR MAIL

Secretary of State  
Division of Corporations  
PO Box 1500  
Tallahassee, Florida 32302-1500

RE: International Patient Financial Services Corporation  
P05000150527

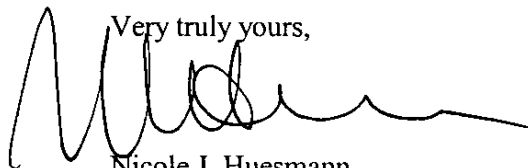
Dear Sir or Madam:

Enclosed for filing is the original 2006 For Profit Corporation Annual Report for the above referenced corporation.

Also, enclosed is a check in the amount of \$150.00 payable to the Florida Department of State, which covers the fee for the annual renewal.

Your early attention to this matter will be appreciated. Thank you.

Very truly yours,



Nicole J. Huesmann

Enclosures