

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000150527

FILED  
Jan 23, 2007  
Secretary of State

**Entity Name:** INTERNATIONAL PATIENT FINANCIAL SERVICES CORPORATION

**Current Principal Place of Business:**

1 ALHAMBRA PLAZA  
SUITE 1425  
CORAL GABLES, FL 33134

**New Principal Place of Business:**

**Current Mailing Address:**

1 ALHAMBRA PLAZA  
SUITE 1425  
CORAL GABLES, FL 33134

**New Mailing Address:**

**FEI Number:** 65-1268112

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HUESMANN, NICOLE J  
150 ALHAMBRA CIRCLE  
SUITE 1150  
CORAL GABLES, FL 33134 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: P ( ) Delete  
Name: DOHMS, FRANK E  
Address: 1627 DOUGLAS ROAD, #704  
City-St-Zip: MIAMI, FL 33145

Title: VP ( ) Delete  
Name: HUESMANN, NICOLE J  
Address: 150 ALHAMBRA CIRCLE, SUITE 1150  
City-St-Zip: CORAL GABLES, FL 33134

Title: S ( ) Delete  
Name: DOHMS, FRANK E  
Address: 1627 DOUGLAS ROAD, #704  
City-St-Zip: MIAMI, FL 33145

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

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

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

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: NICOLE J. HUESMANN

VP

01/23/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date