

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000006571

FILED
Apr 20, 2009
Secretary of State**Entity Name:** INTERNATIONAL HEALTH GROUP, INC.**Current Principal Place of Business:**18455 MIRAMAR PKWY
STE 177
MIRAMAR, FL 33029**New Principal Place of Business:**4581 WESTON ROAD
STE. # 150
WESTON, FL 33331**Current Mailing Address:**18455 MIRAMAR PKWY
STE 177
MIRAMAR, FL 33029**New Mailing Address:**4581 WESTON ROAD
STE. # 150
WESTON, FL 33331**FEI Number:** 20-8354213**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**ALHADEFF, DAN
19213 N GARDENIA AVE.
WESTON, FL 33332 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**OFFICERS AND DIRECTORS:****Title:** PST () Delete
Name: ALHADEFF, DAN
Address: 19213 N GARDENIA AVE.
City-St-Zip: WESTON, FL 33332**Title:** D () Delete
Name: ALHADEFF, TONY
Address: 834 KAPOK WAY
City-St-Zip: WESTON, FL 33327**Title:** D () Delete
Name: ALHADEFF, SALVATORE
Address: 844 HERITAGE DR
City-St-Zip: WESTON, FL 33326**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 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: DAN ALHADEFF

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04/20/2009

Electronic Signature of Signing Officer or Director_____
Date