ANNUAL REPORT
1995

Florida Department of State
Division of Corporations

FILED
95 APR 24 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000046968 (2)

1. Corporation Name
INTERNATIONAL HEALTH, INC.

Principal Place of Business	Mailing Address
14235 PINE ST. UNIT 7 HUDSON FL 34667	14235 PINE ST. UNIT 7 HUDSON FL 34667

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 07/02/1993
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business
21 14235 PINE ST
Suite, Apt. #, etc.
22 UNIT 3
City & State
23 HUDSON, FL.
Zip 24 34667 Country 25 USA

2a. Mailing Address
26 14235 PINE ST
Suite, Apt. #, etc.
27 UNIT 3
City & State
28 HUDSON, FL.
Zip 29 34667 Country 30 USA

4. FEI Number: 59-3219435 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HILL, FRED G
14235 PINE ST.
UNIT 7
HUDSON FL 34667

10. Name and Address of New Registered Agent

81 Name: HILL, FRED G.
82 Street Address (P.O. Box Number is Not Acceptable): 14235 PINE ST
83 UNIT 3
84 City: HUDSON FL 85 Zip Code: 34667

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: X Fred G. Hill President Date: April 4, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	11 TITLE		☐ Change ☐ Addition
NAME	HILL, FRED G	12 NAME		
STREET ADDRESS	14235 PINE ST., UNIT 7	13 STREET ADDRESS		
CITY-ST-ZIP	HUDSON FL 34667	14 CITY-ST-ZIP		
TITLE	DVS	21 TITLE	DVS	☒ Change ☐ Addition
NAME	HILL, MICHAEL E	22 NAME	MARILYN J. MINICK	
STREET ADDRESS	14235 PINE ST., UNIT 7	23 STREET ADDRESS	14235 PINE ST, UNIT # 3	
CITY-ST-ZIP	HUDSON FL 34667	24 CITY-ST-ZIP	HUDSON, FL. 34667	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: X Fred G. Hill 4-4-95 813-863-4613
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

0944068 CP