

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000052265

1. Entity Name

INTERNATIONAL HEALTHCARE GROUP, INC.

R

FILED
Jul 24, 2000 8:00 am
Secretary of State

07-24-2000 90005 016 ***150.00

Principal Place of Business

372-3 PRESTWICK CIR
PALM BEACH GARDENS FL 33418

Mailing Address

69 CAYMAN PLACE
PALM BEACH GARDENS FL 33418

2. Principal Place of Business

3. Mailing Address

372-3 Prestwick Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Palm Beach Gardens FL

4. FEI Number

65-0497334

Applied For

Not Applicable

Zip

Country

Zip

Country

33418

US

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAMANNA, MARGARET
372-3 PRESTWICK CIR
PALM BEACH GARDENS FL 33418

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME D
STREET ADDRESS LAMANNA, MARGARET
CITY-ST-ZIP 372-3 PRESTWICK CIR
PALM BEACH GARDENS FL 33418

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-10-00

Date

561-622-1222

Daytime Phone #

Attachment
DH #400052965
DW 71464

Dr. Margaret LaManna

(561) 622-1222

Recipient: Dept. of State, Florida Corporations

Fax: _____

Phone: 850 488 9000

Comments:

I received 2nd notice today 7-10-00 spoke to
MARK CORBETT. Did not receive 1st notice. He
instructed me to pay \$150.00 immediately + Enclose
this note.

Number of Attached Pages: Cover + Enclosures

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