2000 UNIFORM BUSINESS REPORT (UBR)

Jul 24, 2000 8:00 am Secretary of State DOCUMENT # P9400052265 1. Entity Name INTERNATIONAL HEALTHCARE GROUP, INC. 07-24-2000 90005 016 ***150.00 Principal Place of Business Mailing Address 372-3 PRESTWICK CIR **69 CAYMAN PLACE** PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 2. Principal Place of Business 3. Mailing Address 372-3 Prestwick Ciccle Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0497334 PAIN BEACH COARdeus FI Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 3341<u>8</u> Fee Required 6. Name and Address of Current Registered Agent 7._Name and Address of New Registered Agent Name LAMANNA, MARGARET Street Address (P.O. Box Number is Not Acceptable) 372-3 PRESTWICK CIR PALM BEACH GARDENS FL 33418 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE TITLE Change Change Addition ☐ Delete NAME LAMANNA, MARGARET NAME STREET ADDRESS STREET ADDRESS 372-3 PRESTWICK CIR CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 TITI F Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete_ Change _ _ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAMĘ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

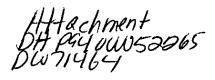
indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

7-10-00

FILED



Recipient: Lept. of State. Florida Corparations. Fax: Phone:850 488 9000 Comments: Trecevod and notice today 7-10-00 spoke to	Phone: 850 488 9000 Comments: Trecerved and Notice today 7-10-00 spoke to MARK CORDETT. Did not vecence 1st notice He Onshootel we to pay 150.00 immediately + Eur	Recipient: Lept. of State. Florida Corparations. Fax: Phone: 850 488 9000 Comments: Treceword and Notice. today 7-10-00 spoke to MARK CORBETT. Did not receive 1st notice. He Onstructed we to pay 150.00 immediately + Eucle This note.	Dr. Marg	ret LaManna
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