2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2012
Secretary of State

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Entity Name: INTERNATIONAL HEALTHCARE GROUP, INC.

Current Principal Place of Business:

372-3 PRESTWICK CIR
PALM BEACH GARDENS, FL 33418

New Principal Place of Business:

222 LAKEVIEW AVENUE
PH4
WEST PALM BEACH, FL 33401

Current Mailing Address:

222 LAKEVIEW AVENUE
PH4
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 65-0497334 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LEVIN, MANUEL M ESQ
372-3 PRESTWICK CIR
PALM BEACH GARDENS, FL 33418 US

Name and Address of New Registered Agent:

LEVIN, MANUEL M ESQ
222 LAKEVIEW AVENUE
PH4
WEST PALM BEACH, FL 33401 US

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: _____ 04/10/2012
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D
Name: LAMANNA, MARGARET M M.D.
Address: 222 LAKEVIEW AVENUE PH4
City-St-Zip: WEST PALM BEACH, FL 33401

Title: O
Name: LEVIN, MANUEL M ESQ.
Address: 222 LAKEVIEW AVENUE PH4
City-St-Zip: WEST PALM BEACH, FL 33401

Title: O
Name: LAMANNA, FRANK N
Address: 701 S. OLIVE AVENUE #309
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby 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 all other like empowered.

SIGNATURE: MARGARET M. LAMANNA M.D. D 04/10/2012
Electronic Signature of Signing Officer or Director — Date