## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# P95000012157

1930-A EAST SUNRISE BLVD

FT LAUDERDALE, FL

Address:

City-St-Zip:

Entity Name: INTERNATIONAL HEALTHCARE INSTITUTE, INC.

FILED Feb 13, 2002 8:00 AM Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	SUNRISE BLVD ERDALE, FL 33				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	SUNRISE BLVD ERDALE, FL 33				
FEI Number	: 65-0556056	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
	HAO SUNRISE BLVD ERDALE, FL 33				
	e named entity s e of Florida.	ubmits this statement for the	purpose of changing its registere	ed office or registered agent, or both,	
SIGNATUI	RE:				
Electronic Signature of Registered Agent			ent	Date	
		satisfy its Intangible Tax filing red Trust Fund Contribution ( ).	quirement and elects to do so (X).		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	DC () XIAO, JENNY 1930-1 E SUNRI FT LAUDERDAL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D () DAI, YIN FANG 1930-A EAST SU FT LAUDERDAL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	DS () CHEN, CHAO	Delete	Title: Name:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Address:

City-St-Zip:

SIGNATURE: CHAO CHEN DS 02/13/2002