

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2005 8:00 am
Secretary of State

03-10-2005 90134 027 ***150.00

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1. Entity Name

INSTITUTE OF HYDROTHERAPY AND NATURAL HEALTH, INC.



Principal Place of Business

315 GRANT ST SUITE 2
HOLLYWOOD FL 33019
US

Mailing Address

315 GRANT ST SUITE 2
HOLLYWOOD FL 33019
US

2. Principal Place of Business

26 Coconut Ave

Suite, Apt. #, etc.

3. Mailing Address

26 Coconut Ave

Suite, Apt. #, etc.

City & State

Hallandale Beach, FL

City & State

Hallandale Beach, FL

Zip

33009

Country

USA

Zip

33009

Country

USA

4. FEI Number

65-0694499

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHAFFER, SUZANNE BOURGIE
315 GRANT ST
#2
HOLLYWOOD FL 33019

7. Name and Address of New Registered Agent

Name

SCHAFFER, SUZANNE BOURGIE

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

26 Coconut Ave

City

HALLANDALE BEACH

FL

Zip Code

33009

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE SUZANNE BOURGIE SCHAFFER

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

(NOTE: Registered Agent signature required when reinstating)

03-07-2005

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PDVP ☐ Delete
NAME SCHAFFER, SUZANNE BOURGIE
STREET ADDRESS 315 GRANT ST, #2
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PDVP ☒ Change ☐ Addition
NAME SCHAFFER, SUZANNE BOURGIE address only
STREET ADDRESS 26 Coconut Ave
CITY-ST-ZIP Hallandale Beach, FL 33009

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

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

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

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUZANNE BOURGIE SCHAFFER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 07, 2005

Date

Daytime Phone #