

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000054357

FILED  
May 27, 2009  
Secretary of State

**Entity Name:** INSTITUTE OF HYDROTHERAPY AND NATURAL HEALTH, INC.

**Current Principal Place of Business:**

100 MANGROVE ROAD  
E396  
HOLLYWOOD, FL 33021 US

**New Principal Place of Business:**

3300 N STATE RD 7  
E396  
HOLLYWOOD, FL 33021 US

**Current Mailing Address:**

100 MANGROVE ROAD  
E396  
HOLLYWOOD, FL 33021 US

**New Mailing Address:**

**FEI Number:** 65-0694499      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHAFER, SUZANNE BOURGIE  
100 MANGROVE ROAD  
E396  
HOLLYWOOD, FL 33021 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PDVP ( ) Delete  
Name: SCHAFER, SUZANNE BOURGIE  
Address: 100 MANGROVE ROAD, E390  
City-St-Zip: HOLLYWOOD, FL 33021 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PDVP (X) Change ( ) Addition  
Name: SCHAFER, SUZANNE BOURGIE  
Address: 100 MANGROVE ROAD, E396  
City-St-Zip: HOLLYWOOD, FL 33021 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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.

SIGNATURE: SUZANNE BOURGIE SCHAFER

PDVP

05/27/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date