

# **2014 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P96000068472

**FILED**  
**Oct 14, 2014**  
**Secretary of State**

**Entity Name:** INTERCONTINENTAL HEALTH PLANNERS, INC.

**Current Principal Place of Business:**

100 SOUTH EOLA DR  
APT 1106  
ORLANDO, FL 32801

**New Principal Place of Business:**

**Current Mailing Address:**

100 SOUTH EOLA DR  
APT 1106  
ORLANDO, FL 32801

**New Mailing Address:**

**FEI Number:** 59-3396140

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

IMBERT, SEGUNDO A  
100 SOUTH EOLA DR  
APT 1106  
ORLANDO, FL 32801 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:** DR. SEGUNDO A. IMBERT

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** DR.  
**Name:** IMBERT, SEGUNDO A  
**Address:** 100 SOUTH EOLA DR APT 1106  
**City-St-Zip:** ORLANDO, FL 32801

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:** DR. SEGUNDO A. IMBERT

OF

10/14/2014

Electronic Signature of Signing Officer or Director

Date