FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARIMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000090228 (2)

INTERNATIONAL HOSPITALS CORP.

FILED Jun 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address			# \$20/100/ 110 10/14 200/1 001/1 001/1 00/14 20/16 E0/16 E0/16 4/2/2 1/2/2 1/2/3	
25 SECOND STREET NORTH #340	25 SECOND STREET N			
ST. PETERSBURG FL 39701 ST. PETERSI		3701	DO NOT WRITE IN THIS SPACE	
			3. Date Incorporated or Qualified	
			10/20/1997	
2. Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For
21 1213 16th Street A Suite, Apt. #, etc.	Vor+6 26 1213 1646 Suite, Apt. #, etc.	Street North	59-3474859	Not Applicable
22	27		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State	City & State	·	6. Election Campaign Financing	\$5.00 May Be
St. Petersburg, F	L 28 St. Peters	burg, FL	Trust Fund Contribution	Added to Fees
	• • •	<u>├</u> ─┐ .	8. This corporation owes or has paid the	
14 33705 25 Pir	octios 29 32/105 ess of Current Registered Agent	30 Pinellas	Personal Property Tax due June 30.	Yes No
	as of Current Hegistered Agent	81 Name	10. Name and Address of New Registe	red Agent
FELDER, BENJAMIN	THEACT			·
42 FIRST STREET SOUT		82 Street Ad	dress (P.O. Box Number is Not Acceptable) 5 68 th Avenue North	
-ST. PETERSBURG FL-3:	3/01	83	3 68 THI AVENUE IVOITH	
*			···	
		84 City	minole	FL 85 Zip Code 33772
11. Pursuant to the provisions of Sec	lions 607,0502 and 607,1508, Florida Stati	ites, the above-named co	progration submits this statement for the purpo	se of changing its registered
 office or registered agent, or both agent. I am familiar with, and acc 	h, in the State of Florida. Such change was cept the obligations of, Section 607.0505, F	authorized by the corpor Torida Statutes.	ration's board of directors. I hereby accept the	appointment as registered
SIGNATURE				
Signalure, typed or perfect name		HF: Registered Agent signature rec		
	DEFICERS AND DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12 Change Addition
NAME MARTINO, ANNET		1.1 TITLE 1.2 NAME		C Change C Apparion
STREET ADDRESS 25 SECOND STRE			1213 16th Street North	
CITY-ST-ZIP ST. PETERSBURG			St. Petershurg, FL 33705	-
TITLE	DELETE	21 TITLE	31. Valuasinary, 1 2 1.1.1-5	☐ Change ☐ Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STHEET ADDRESS		
CITY-ST-ZIP		2 4 CHY-ST-ZIP		
TITLE	DELETE	3.1 TOTLE		Change Addition
NAME		3.2 NAME		
STREET ADDRESS		3 3 STREET ADDRESS		,
CITY-ST-ZIP	Dr. crc	3.4. CITY-ST-ZIP		Anna na
TITLE	L. DELETE	4.1 7 (LE	_	Change
NAME ATRICT ADVANCES		4. 2 NAME	4	70115
STREET ADDRESS		4.3 STREET ADDRESS	\mathcal{U}_{\perp}	
CITY-ST-ZIP TITLE	DELETE	4.4 CITY - ST - 7IP 5.1 TITLE		Change Addition
NAME		5.2 NAME		E'' comingo E Mantinin
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY - ST-ZIP		
TITLE	DELETE	6.1 TOLE	800002561 - 0 6/16/9801100	Change Addition
NAME		6.2 NAME	-06/16/9801100	-010
STREET ADDRESS		6.3 STREET ADDRESS	***150,00	
CITY-ST-ZIP		6.4 CITY - ST - ZIP		
	on supplied with this filter does not qualify		in Section 119.07(3)(i). Florida Statutes, I furthe	er certify that the information

indicated on this armual report or supplemental armual 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 truster empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address;

CICNATURE:

4/22/98

(8/3) 894 5233