

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2004 8:00 am
Secretary of State

04-07-2004 90005 050 ***158.75

DOCUMENT # S81153

1. Entity Name

INTERNATIONAL HEALTH VENTURES II, INC.



Principal Place of Business

AMERICAN MEDICAL PLAZA
5601 NORTH DIXIE HIGHWAY SUITE 420
FORT LAUDERDALE FL 33334
US

Mailing Address

AMERICAN MEDICAL PLAZA
5601 NORTH DIXIE HIGHWAY SUITE 420
FORT LAUDERDALE FL 33334
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0289015

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUDD, JOHN
5601 NORTH DIXIE HIGHWAY
SUITE 420
FORT LAUDERDALE FL 33334

Name

Timothy C. Lincoln, Esq.

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

Downtown Legal Center

46 N. E. 6th Street

City

Miami

FL

Zip Code
33132

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 Timothy C. Lincoln Timothy C. Lincoln, V.P.

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

(NOTE: Registered Agent signature required when reinstating)

3/15/04
DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 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	PD	<input type="checkbox"/> Delete
NAME	MUDD, JOHN	
STREET ADDRESS	5601 NORTH DIXIE HIGHWAY SUITE 420	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE	VPDS	<input type="checkbox"/> Delete
NAME	DIAZ, MAYRA	
STREET ADDRESS	5601 NORTH DIXIE HIGHWAY SUITE 420	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	LINCOLN, TIMOTHY	
STREET ADDRESS	5601 NORTH DIXIE HIGHWAY SUITE 420	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: Timothy C. Lincoln Timothy C. Lincoln, V.P.

(954) 202-1998

3/15/04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #