


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90121 020 ***158.75

| | |
|---|---|
| DOCUMENT # S81153 |  |
| 1. Entity Name INTERNATIONAL HEALTH VENTURES II, INC. | |

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|---|---|
| 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 |

| | |
|--|-------------------------------|
|  | |
| 1st MOORE | CR2E034 (10/04) |
| 4. FEI Number 65-0289015 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent LINCOLN, TIMOTHY C ESQ DOWNTOWN LEGAL CENTER - LINCOLN ESQ. P.A. 46 N.E. 6TH ST MIAMI FL 33132 | |
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| 7. Name and Address of New Registered Agent | |
| Name | |
| Street Address (P.O. Box Number is Not Acceptable) | |
| City | FL Zip Code |

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| 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 | DATE |
| (NOTE: Registered Agent signature required when reinstating) | |

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| 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. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD MUDD, JOHN 5601 NORTH DIXIE HIGHWAY SUITE 420 FORT LAUDERDALE FL 33334 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPDS DIAZ, MAYRA 5601 NORTH DIXIE HIGHWAY SUITE 420 FORT LAUDERDALE FL 33334 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPD LINCOLN, TIMOTHY 5601 NORTH DIXIE HIGHWAY SUITE 420 FORT LAUDERDALE FL 33334 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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.

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|---|--------------------|--------|-----------------|
| SIGNATURE <i>Timothy C. Lincoln</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Timothy C. Lincoln | 3/1/05 | (954) 755-9295 |
| | | Date | Daytime Phone # |