

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

**FILED**  
**May 08 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # V02598 (3)**  
 1. Corporation Name  
**INTERNATIONAL HEALTH SYSTEMS GROUP, INC.**



Principal Place of Business <del>3457 KEENE PARK DR. LARGO FL 34641-1947</del>	Mailing Address <del>3457 KEENE PARK DR. LARGO FL 34641-1947</del>
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2. Principal Place of Business 21 <b>603 Indian Rocks Road</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>603 Indian Rocks Road</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>12/27/1991</b>	3a. Date of Last Report <b>06/24/1996</b>
22	27	4. FEI Number <b>59-3100974</b>	Applied For Not Applicable
23 City & State <b>Belleair FL</b>	28 City & State <b>Belleair FL</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
24 Zip <b>34642</b>	25 Country <b>USA</b>	29 Zip <b>34616</b>	30 Country <b>USA</b>
9. Name and Address of Current Registered Agent <b>RUGGLES, THOMAS ESQ. 603 INDIAN ROCKS ROAD BELLEAIR FL 34616</b>		10. Name and Address of New Registered Agent	

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Type, print, or typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D RYAN, JOSEPH L.</b>	1.2 NAME	<b>Ryan Joseph L</b>
STREET ADDRESS	<b>11170 THELIN DR.</b>	1.3 STREET ADDRESS	<b>17247 Valley View Road</b>
CITY-ST-ZIP	<b>TRUCKEE CA 96160-2756</b>	1.4 CITY-ST-ZIP	<b>Truckee, CA 96160</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	<b>Assistant Secretary</b>
STREET ADDRESS		2.3 STREET ADDRESS	<b>THOMAS W. RUGGLES</b>
CITY-ST-ZIP		2.4 CITY-ST-ZIP	<b>603 Indian Rocks Road</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Joseph L. Ryan** SIGNATURE REQUIRED  
 DATE: **4/29/97** DAYTIME PHONE #: **(916) 562-8663**

CR2E034 (9/96)