

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731916 (3)
1. Corporation Name
INSTITUTE FOR MEDICAL AND HUMAN RESOURCES, INC.



Principal Place of Business
**1161 S. SOUTH LAKE DR.
C/O DR. DORSEY
HOLLYWOOD FL 33019-1933**

Mailing Address
**1161 S. SOUTH LAKE DR.
C/O DR. DORSEY
HOLLYWOOD FL 33019-1933**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
02/14/1975

3a. Date of Last Report
04/27/1995

4. FEI Number
59-1574136

5. Certificate of Status Desired
☒ **\$8.75 Additional Fee Required**

6. Election Campaign Financing
Trust Fund Contribution
☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**DORSEY, JOSEPH E.
1161 S. SOUTHLAKE DR.
HOLLYWOOD FL 33019 - 1933**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PD
DORSEY, JOSEPH E.
1161 S. SOUTHLAKE DR..
HOLLYWOOD FL - 33019-1933**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**STD
GOLDSTANDT, DORTHEA
430 GOLDEN ISLES DR.
HALLENDALE FL - 33009**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
PERKS, GRANT D.
874 BOUGH BEECHES BLVD
MISSISSAUGA, ONT. CANA L-4W2B5**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**D
DORSEY, MARILYN S.
1161 S. SOUTHLAKE DR.
HOLLYWOOD FL - 33019-1933**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
33019-1933

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
33009

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
L4W2B5

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
33019-1933

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
**000001850820
-06/04/96--01162--002
***70.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Joseph E. Dorsey, M.D., Pres.** 4/26/96 (305) 792-9775
JOSEPH E. DORSEY, M.D. (305) 782-9775

CR2E037 (12/95)