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Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

3. Date Incorporated or Qualified: 02/14/1975
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-1574136 — Applied For / Not Applicable

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.
HOLYWOOD 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 — FL — 85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	DORSEY, JOSEPH E.	1.2 NAME	
STREET ADDRESS	1161 S. SOUTHLAKE DR..	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019-1933	1.4 CITY-ST-ZIP	
TITLE	STD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	GOLDSTANDT, DORTHEA	2.2 NAME	
STREET ADDRESS	430 GOLDEN ISLES DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HALLENDALE FL 33009	2.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	PERKS, GRANT D.	3.2 NAME	
STREET ADDRESS	874 BOUGH BEECHES BLVD	3.3 STREET ADDRESS	
CITY-ST-ZIP	MISSISSAUGA, ONT. CANA L4W-2B5	3.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	DORSEY, MARILYN S.	4.2 NAME	
STREET ADDRESS	1161 S. SOUTHLAKE DR.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33019-1933	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] 4/4/97 (954) 923-0000

CR2E037 (9/96)