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May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

3. Date Incorporated or Qualified: 02/14/1975

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

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 **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 _____ DATE
Signature, 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	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	

CR2E037 (10/97)

14. 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 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, MD, Pres. 4/28/98 (954) 7860669
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0023317