

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90216 001 ****61.25

DOCUMENT # 731916

1. Entity 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

94070895



DO NOT WRITE IN THIS SPACE

04132004 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-1574136

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	DORSEY, JOSEPH E.
STREET ADDRESS	1161 S. SOUTHLAKE DR..
CITY-ST-ZIP	HOLLYWOOD, FL 330191933
TITLE	STD
NAME	GOLDSTANDT, DORTHEA
STREET ADDRESS	430 GOLDEN ISLES DR.
CITY-ST-ZIP	HALLENDALE, FL 33009
TITLE	D
NAME	PERKS, GRANT D.
STREET ADDRESS	874 BOUGH BEECHES BLVD
CITY-ST-ZIP	MISSISSAUGA, ONT. CANA, L4W2B5
TITLE	D
NAME	DORSEY, MARILYN S.
STREET ADDRESS	1161 S. SOUTHLAKE DR.
CITY-ST-ZIP	HOLLYWOOD, FL 330191933
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 617, 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.

SIGNATURE:

Joseph E. Dorsey, M.D., Pres
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
JOSEPH, E. DORSEY, M.D., Pres.

Date

4/24/04

Daytime Phone #

(954)
923-0000