2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 8:00 am
Secretary of State
04-28-2005 90191 006 ****61.25

DOCUMENT # 731916

1. Entity Name
INSTITUTE FOR MEDICAL AND HUMAN RESOURCES, INC.

14004645

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

03292005 No Chg-NP CR2E037 (10/03)

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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.
HOLYWOOD, FL 33019-1933

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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	

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12. 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 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, MD. Pres. 4/24/05 (954)923-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOSEPH E. DORSEY, M.D.