

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 AM
Secretary of State

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**



02182007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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, 2007**

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**

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05/16/07-80079-007 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Joseph E. Dorsey, M.D. 4/25/07 (954) 923-0000
President