

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 731916

FILED
Apr 23, 2009
Secretary of State

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

Current Principal Place of Business:

1161 S. SOUTH LAKE DR.
C/O DR. DORSEY
HOLLYWOOD, FL 330191933

New Principal Place of Business:

1161 S. SOUTHLAKE DR.
C/O DR. DORSEY
HOLLYWOOD, FL 33019 US

Current Mailing Address:

1161 S. SOUTH LAKE DR.
C/O DR. DORSEY
HOLLYWOOD, FL 330191933

New Mailing Address:

1161 S. SOUTHLAKE DR.
C/O DR. DORSEY
HOLLYWOOD, FL 33019 US

FEI Number: 59-1574136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DORSEY, JOSEPH E.
1161 S. SOUTHLAKE DR.
HOLLYWOOD, FL 330191933 US

Name and Address of New Registered Agent:

DORSEY, JOSEPH E M.D.
1161 S. SOUTHLAKE DR.
HOLLYWOOD, FL 33019 US

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.

SIGNATURE: JOSEPH E. DORSEY, M.D.

04/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: DORSEY, JOSEPH E.
Address: 1161 S. SOUTHLAKE DR..
City-St-Zip: HOLLYWOOD, FL 330191933

Title: STD () Delete
Name: GOLDSTANDT, DORTHEA
Address: 430 GOLDEN ISLES DR.
City-St-Zip: HALLENDALE, FL 33009

Title: D () Delete
Name: PERKS, GRANT D.
Address: 1759 MAPLE RIDGE DRIVE
City-St-Zip: MISSISSAUGA, ONT, CA L4W2B5

Title: D (X) Delete
Name: DORSEY, MARILYN S.
Address: 1161 S. SOUTHLAKE DR.
City-St-Zip: HOLLYWOOD, FL 330191933

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DORSEY, JOSEPH E MD
Address: 1161 S. SOUTHLAKE DR..
City-St-Zip: HOLLYWOOD, FL 330191933 US

Title: TSD (X) Change () Addition
Name: PERKS, GRANT D
Address: 1759 MAPLE RIDGE DRIVE
City-St-Zip: MISSISSAUGA, ONT, CA L4W2B5 CA

Title: D (X) Change () Addition
Name: DORSEY, MARILYN S
Address: 1161 S. SOUTHLAKE DR
City-St-Zip: HOLLYWOOD, FL 33019 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH E. DORSEY, M.D.

PD

04/23/2009

Electronic Signature of Signing Officer or Director

Date