

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 731916

**FILED**  
**Apr 14, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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 M.D.  
1161 S. SOUTHLAKE DR.  
HOLLYWOOD, FL 33019 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MARILYN S. DORSEY

D

04/14/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date