


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Aug 09, 2005 8:00 am**  
**Secretary of State**

08-09-2005 90001 044 \*\*\*\*61.25

<b>DOCUMENT # F02000002358</b>	
1. Entity Name <b>THE INSTITUTE OF ALLIED MEDICAL PROFESSIONS, CORPORATION</b>	

Principal Place of Business <b>405 PARK AVENUE, SUITE 501 NEW YORK NY 10022</b>	Mailing Address <b>405 PARK AVENUE, SUITE 501 NEW YORK NY 10022</b>
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/04)

4. FEI Number <b>13-2928042</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent  <b>VINCIGUERRA, EUGENE 4630 N. UNIVERSITY DRIVE SUITE 170 CORAL SPRINGS FL 33067</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PCT HAGGERTY, THOMAS 286 HARBOR DRIVE LIDO BEACH NY 11561</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HUGHES, JUDY 110 POPPY AVE FRANKLIN SQUARE NY</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S HAGGERTY, JAMIE 286 HARBOR DRIVE LIDO BEACH FL 11561</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VC BELL, ANNEMARIE 48 TURKEY HILL ROAD NEWBURYPORT MA</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DOA HAGGORTY, BRIAN 12 HUBER CT ROCKVILLE CENTRE NY 11570</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BAER, NANCY 65-61 PARSONS BLVD. FLUSHING NY 11365</b> <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Bus. Development Kevin Haggerty 301 E 79th St NY NY 10021</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:**  **Thomas Haggerty** 7/10/05 212-258-1410  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #