

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



DOCUMENT # F02000002358

1. Entity Name
THE INSTITUTE OF ALLIED MEDICAL PROFESSIONS, CORPORATION

Principal Place of Business: 405 PARK AVENUE, SUITE 501, NEW YORK NY 10022
 Mailing Address: 405 PARK AVENUE, SUITE 501, NEW YORK NY 10022

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

City & State: City & State

Zip: Country Zip: Country



1st MOORE CR2E037 (10/04)

4. FEI Number: **13-2928042** Applied For: Not Applicable:

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
VINCIGUERRA, EUGENE
4630 N. UNIVERSITY DRIVE
SUITE 170
CORAL SPRINGS FL 33067

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

FILE NOW: FEE IS \$61.25 Due By May 1, 2005

9. Election Campaign Financing Trust Fund Contribution: **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: PCT NAME: HAGGERTY, THOMAS STREET ADDRESS: 286 HARBOR DRIVE CITY-ST-ZIP: LIDO BEACH NY 11561	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: HUGHES, JUDY STREET ADDRESS: 110 POPPY AVE CITY-ST-ZIP: FRANKLIN SQUARE NY	<input type="checkbox"/> Delete	TITLE: <i>Bus. Development</i> NAME: <i>Kevin Haggerty</i> STREET ADDRESS: <i>301 E 79th St</i> CITY-ST-ZIP: <i>NY NY 10021</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: HAGGERTY, JAMIE STREET ADDRESS: 286 HARBOR DRIVE CITY-ST-ZIP: LIDO BEACH FL 11561	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VC NAME: BELL, ANNEMARIE STREET ADDRESS: 48 TURKEY HILL ROAD CITY-ST-ZIP: NEWBURYPORT MA	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: DOA NAME: HAGGORTY, BRIAN STREET ADDRESS: 12 HUBER CT CITY-ST-ZIP: ROCKVILLE CENTRE NY 11570	<input type="checkbox"/> Delete	TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: BAER, NANCY STREET ADDRESS: 65-61 PARSONS BLVD. CITY-ST-ZIP: FLUSHING NY 11365	<input type="checkbox"/> Delete	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* **7/18/05**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **212-258-1410**