

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jul 18, 2003 8:00 am
Secretary of State

07-18-2003 90075 018 ****61.25

UBR/US

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-2928042**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

~~VINCIGUERRA, EUGENE DR.~~
~~7577 NORTHWEST, 50TH COURT~~
~~CORAL SPRINGS FL 33067~~

7. Name and Address of New Registered Agent

Name **Kerry Marten**
Street Address (P.O. Box Number is Not Acceptable)
927 45th Street
City **West Palm Beach** FL Zip Code **33407**

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

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

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	<input type="checkbox"/> Delete
NAME	HAGGERTY, THOMAS	
STREET ADDRESS	286 HARBOR DRIVE	
CITY-ST-ZIP	LIDO BEACH FL 11561	
TITLE	V	<input type="checkbox"/> Delete
NAME	JACOBS, CAROLYN	
STREET ADDRESS	89-14 134TH STREET	
CITY-ST-ZIP	RICHMOND HILL NY 11418	
TITLE	S	<input type="checkbox"/> Delete
NAME	HAGGERTY, JAMIE	
STREET ADDRESS	286 HARBOR DRIVE	
CITY-ST-ZIP	LIDO BEACH FL 11561	
TITLE	VC	<input type="checkbox"/> Delete
NAME	BELL, ANNEMARIE	
STREET ADDRESS	48 TURKEY HILL ROAD	
CITY-ST-ZIP	NEWBURYPORT MA	
TITLE	D	<input type="checkbox"/> Delete
NAME	SIEGAL, JOEL DR.	
STREET ADDRESS	227 E. 79TH STREET, 11B	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	D	<input type="checkbox"/> Delete
NAME	BAER, NANCY	
STREET ADDRESS	65-61 PARSONS BLVD.	
CITY-ST-ZIP	FUSHING NY-11365	

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	Lido Beach, NY 11561	
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judy Hughes	
STREET ADDRESS	110 Poppy Ave.	
CITY-ST-ZIP	FRANKLIN Square, N.Y.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director of Admissi.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian Haggerty	
STREET ADDRESS	12 Huber CT	
CITY-ST-ZIP	Rockville Centre, NY 11570	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 7/14/03 211-258-1410

CR2E037 (4/03)