

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002969

FILED  
Jul 23, 2008  
Secretary of State

**Entity Name:** INSTITUTE FOR THE ADVANCEMENT OF MEDICAL THERMOLOGY, INC.

**Current Principal Place of Business:**

2 PLYMOUTH PLACE  
MAPLEWOOD, NJ 07040

**New Principal Place of Business:**

315 DORIS DRIVE  
LAKELAND, FL 33813

**Current Mailing Address:**

2 PLYMOUTH PLACE  
MAPLEWOOD, NJ 07040

**New Mailing Address:**

315 DORIS DRIVE  
LAKELAND, FL 33813

**FEI Number:** 20-8689889      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

AIRTH, H. ADAM JR  
500 SOUTH FLORIDA AVENUE STE 800  
LAKELAND, FL 33801 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 ( ) Delete  
Name: STRYKER, JEANNE  
Address: 530 LOMAS SANTA FE DR., STE. B-1  
City-St-Zip: SOLANA BEACH, CA 92075

Title: VPD ( ) Delete  
Name: MEAD, JAY H MD  
Address: 619 MADISON ST #100  
City-St-Zip: OREGON CITY, OR 97045

Title: TD ( ) Delete  
Name: FLOWERS, SAKSHAT W MD  
Address: 2 PLYMOUTH PLACE  
City-St-Zip: MAPLEWOOD, NJ 07040

Title: SD ( ) Delete  
Name: HOFFMAN, KENNETH R LAC  
Address: 499 FEDERAL ROAD  
City-St-Zip: BROOKFIELD, CT 06804

Title: D (X) Delete  
Name: MACCLELLAN, MARILYN LAC  
Address: 4700 WEST HUNDRED RD  
City-St-Zip: CHESTER, VA 23831

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: STRYKER, JEANNE MD  
Address: 530 LOMAS SANTA FE DR., STE. B-1  
City-St-Zip: SOLANA BEACH, CA 92075

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

Title: TD (X) Change ( ) Addition  
Name: MACCLELLAN, MARILYN LAC  
Address: 4700 WEST HUNDRED ROAD  
City-St-Zip: CHESTER, VA 23831

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

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: MARILYN MACCLELLAN

TD

07/23/2008

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

\_\_\_\_\_  
Date