

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002969

FILED
Apr 08, 2009
Secretary of State

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

Current Principal Place of Business:

315 DORIS DRIVE
LAKELAND, FL 33813

New Principal Place of Business:

Current Mailing Address:

315 DORIS DRIVE
LAKELAND, FL 33813

New Mailing Address:

4700 W. HUNDRED ROAD
CHESTER, VA 23831

FEI Number: 20-8689889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 MD
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: MACCLELLAN, MARILYN LAC
Address: 4700 WEST HUNDRED ROAD
City-St-Zip: CHESTER, VA 23831

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

LAC

04/08/2009

Electronic Signature of Signing Officer or Director

Date