

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000002969

FILED  
May 30, 2012  
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:**

5120 S. FLORIDA AVE  
SUITE 301  
LAKELAND, FL 33813

**Current Mailing Address:**

315 DORIS DRIVE  
LAKELAND, FL 33813

**New Mailing Address:**

5120 S. FLORIDA AVE  
SUITE 301  
LAKELAND, FL 33813

**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  
Name: PLOTKIN, MARTIN MD  
Address: 2057 FOXFIELD RD., STE 102  
City-St-Zip: ST CHARLES, IL 60174

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

Title: TD  
Name: CHANDLER, CAROL DOM  
Address: 5120 S. FLORIDA AVE  
City-St-Zip: LAKELAND, FL 33813

Title: SD  
Name: DONATELLI, JUDY R.N.  
Address: 3439 BABCOCK BLVD  
City-St-Zip: PITTSBURG, PA 15237

I hereby 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 all other like empowered.

SIGNATURE: CAROL CHANDLER

TD

05/30/2012

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

\_\_\_\_\_  
Date