2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2011
Secretary of State

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Entity Name: INSTITUTE FOR AFRICAN-AMERICAN HEALTH, INC.

Current Principal Place of Business:

2048 CENTRE POINTE LANE
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

2048 CENTRE POINTE LANE
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 59-3179419 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEBSTER, JOSEPH L SR
2048 CENTRE POINTE LANE
TALLAHASSEE, FL 32308 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: WEBSTER, JOSEPH L S SR
Address: 2048 CENTRE POINTE LANE
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: VPD
Name: BYRD, HAROLD
Address: 6486 S. WINDWOOD HILLS CIRCLE
City-St-Zip: TALLAHASSEE, FL 323119322

Title: STD
Name: BYRD, CLINTON
Address: 6496 S. WINDWOOD HILLS CIRCLE
City-St-Zip: TALLAHASSEE, FL 323119322

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: JOSEPH L. WEBSTER SR. PD 04/28/2011

Electronic Signature of Signing Officer or Director — Date