

**2001 UNIFORM BUSINESS REPORT (UBR)**

2/ \*

**FILED**  
**Mar 02, 2001 8:00 am**  
**Secretary of State**

02-09-2001 90160 002 \*\*\*\*\*8.75  
 02-09-2001 90160 001 \*\*\*150.00

**DOCUMENT # P00000011775**

1. Entity Name  
**INSTITUTE OF ALLIED HEALTH INC.**

Principal Place of Business Mailing Address  
**4350 W HALLANDALE BEACH BLVD 4350 W HALLANDALE BEACH BLVD**  
**HOLLYWOOD FL 33023 HOLLYWOOD FL 33023**

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 **65-0981436** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

**PRYCE, JAMES R**  
**4350 W HALLANDALE BEACH BLVD**  
**HOLLYWOOD FL 33023**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

SIGNATURE James Pryce *[Signature]* DATE 1/8/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when registering)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.   
 (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>PRYCE, JAMES R</b> <b>6748 AZEALA DR</b> <b>MIRAMAR FL 33023</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PTD</b> <b>PRYCE, JAMES R</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4350 W HALLANDALE BEACH</b> <b>BLVD 415 FLOW</b> <b>HOLLYWOOD FL 33023</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>PRYCE, BEVERLY D</b> <b>6748 AZEALA DR</b> <b>MIRAMAR FL 33023</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VSD</b> <b>PRYCE, BEVERLY D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4350 W HALLANDALE BEACH</b> <b>BLVD 415 FLOW</b> <b>HOLLYWOOD FL 33023</b>
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] DATE 1/8/2001 DAYTIME PHONE # 954-967-8594  
Signature and typed or printed name of signing officer or director

CR2E034 (10/00)