

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000011775

FILED
Jul 11, 2004
Secretary of State

Entity Name: INSTITUTE OF ALLIED HEALTH INC.

Current Principal Place of Business:

2035 HARDING STREET
1ST FLOOR
HOLLYWOOD, FL 33023

New Principal Place of Business:

2035 HARDING STREET
SUITE 100
HOLLYWOOD, FL 33020

Current Mailing Address:

2035 HARDING STREET
1ST FLOOR
HOLLYWOOD, FL 33023

New Mailing Address:

2035 HARDING STREET
SUITE 100
HOLLYWOOD, FL 33020

FEI Number: 65-0981436

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PRYCE, JAMES R
6805 SW 174 AVE.
FORT LAUDERDALE, FL 33332

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: PRYCE, JAMES R
Address: 2035 HARDING STREET
City-St-Zip: HOLLYWOOD, FL 33023

Title: VSD () Delete
Name: PRYCE, BEVERLY D
Address: 2035 HARDING STREET
City-St-Zip: HOLLYWOOD, FL 33020

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: PRYCE, JAMES R
Address: 2035 HARDING STREET SUITE 100
City-St-Zip: HOLLYWOOD, FL 33020

Title: VSD (X) Change () Addition
Name: PRYCE, BEVERLY D
Address: 2035 HARDING STREET SUITE 100
City-St-Zip: HOLLYWOOD, FL 33020

I hereby certify that the information supplied with this filing does not qualify for the 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES R. PRYCE

PTD

07/11/2004

Electronic Signature of Signing Officer or Director

Date