

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000011775

**FILED
Jul 26, 2006
Secretary of State**

Entity Name: INSTITUTE OF ALLIED HEALTH INC.

Current Principal Place of Business:

2035 HARDING STREET
SUITE 100
HOLLYWOOD, FL 33020

New Principal Place of Business:

Current Mailing Address:

2035 HARDING STREET
SUITE 100
HOLLYWOOD, FL 33020

New Mailing Address:

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 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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

PD

07/26/2006

_____ Electronic Signature of Signing Officer or Director

_____ Date