

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 20, 2003 8:00 am
Secretary of State

0163710 AV

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1. Entity Name
INSTITUTE OF ALLIED HEALTH INC.

03-20-2003 90386 001 ***150.00
03-20-2003 90386 002 *****8.75

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

Mailing Address
4350 W HALLANDALE BEACH BLVD
HOLLYWOOD FL 33023



2. Principal Place of Business

3. Mailing Address

2035 Harding Street
Suite, Apt. #, etc.
1st Floor

Same

CHECK HERE IF MAKING CHANGES

City & State
Hollywood FL

City & State

4. FEI Number 65-0981436

Applied For
Not Applicable

Zip 33020

Country Broward

Zip

Country

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 James R Pryce
Street Address (P.O. Box Number is Not Acceptable)
6803 SW 174 Ave
Pembroke Pine FL 33332
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE James R Pryce DATE 3-17-03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTD Delete
NAME PRYCE, JAMES R
STREET ADDRESS 4350 W HALLANDALE BEACH BLVD 4TH FLOOR
CITY-ST-ZIP HOLLYWOOD FL 33023

TITLE Change Addition
NAME James Pryce
STREET ADDRESS 2035 Harding Street
CITY-ST-ZIP Hollywood FL 33020

TITLE VSD Delete
NAME PRYCE, BEVERLY D
STREET ADDRESS 4350 W HALLANDALE BEACH BLVD 4TH FLOOR
CITY-ST-ZIP HOLLYWOOD FL 33023

TITLE Change Addition
NAME Beverly Pryce
STREET ADDRESS 2035 Harding Street
CITY-ST-ZIP Hollywood FL 33020

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
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TITLE Change Addition
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TITLE Change Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED DATE 3-17-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (10/02)