

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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

0163710 AV

DOCUMENT # P00000011775

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☒ CHECK HERE IF MAKING CHANGES

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 James R Pryce
Street Address (P.O. Box Number is Not Acceptable)
4350 W Hallandale Beach Blvd
Pembroke Pines 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 ☐ Delete
NAME PTD
STREET ADDRESS PRYCE, JAMES R
CITY-ST-ZIP 4350 W HALLANDALE BEACH BLVD 4TH FLOOR
HOLLYWOOD FL 33023

TITLE ☐ Change ☐ Addition
NAME James R Pryce
STREET ADDRESS 4350 W Hallandale Beach Blvd
CITY-ST-ZIP 4350 W Hallandale Beach Blvd 4TH FLOOR
HOLLYWOOD FL 33023

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

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 3-17-03 Daytime Phone #

CR2E034 (10/02)