

2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P02000059349

FILED
Dec 20, 2006
Secretary of State

Entity Name: INSTITUTE FOR MEDICAL EDUCATION & RESEARCH, INC.

Current Principal Place of Business:

12000 BISCAYNE BLVD
STE 508
NORTH MIAMI, FL 33181

New Principal Place of Business:

12000 BISCAYNE BLVD
STE 300
NORTH MIAMI, FL 33181

Current Mailing Address:

12000 BISCAYNE BLVD
STE 508
NORTH MIAMI, FL 33181

New Mailing Address:

12000 BISCAYNE BLVD
STE 300
NORTH MIAMI, FL 33181

FEI Number: 22-3858266

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

TRUPKIN-HERZFELD, MADELYN
12000 BISCAYNE BLVD., STE 508
NORTH MIAMI BEACH, FL 33181 US

Name and Address of New Registered Agent:

TRUPKIN-HERZFELD, MADELYN
12000 BISCAYNE BLVD., STE 300
NORTH MIAMI BEACH, FL 33181 US

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: MADELYN TRUPKIN HERZFELD

12/20/2006

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: D () Delete
Name: TRUPKIN-HERZFELD, MADELYN
Address: 12000 BISCAYNE BLVD., STE 508
City-St-Zip: NORTH MIAMI, FL 33181

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: TRUPKIN-HERZFELD, MADELYN
Address: 12000 BISCAYNE BLVD., STE 300
City-St-Zip: NORTH MIAMI, FL 33181

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: MADELYN TRUPKIN HERZFELD

P

12/20/2006

Electronic Signature of Signing Officer or Director

Date