


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 29, 2005 8:00 am
Secretary of State

08-09-2005 90001 045 ***150.00
 08-29-2005 90145 036 ***400.00

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1st MOORE CR2E034 (10/04)

DOCUMENT # P04000159764					
1. Entity Name THE INSTITUTE OF ALLIED MEDICAL PROFESSIONS, INC.					
Principal Place of Business 405 PARK AVE. NEW YORK NY 10022		Mailing Address 405 PARK AVE. NEW YORK NY 10022			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 26-2058034	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent VINCIGUERRA, EUGENE 4630 N. UNIVERSITY DR., SUITE 170 CORAL SPRINGS FL 33067			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O.-Box Number is Not Acceptable)			Street Address (P.O.-Box Number is Not Acceptable)		
City			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee Will Be \$550.00 Make Check Payable to Florida Department of State			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	Director <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Thomas Haggerty	NAME		NAME	
STREET ADDRESS	405 Park Ave, N.Y. NY	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jamie Haggerty	NAME		NAME	
STREET ADDRESS	405 Park Ave, N.Y. NY	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Brian Haggerty, Director	NAME		NAME	
STREET ADDRESS	405 Park Ave, N.Y. NY	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kevin Haggerty	NAME		NAME	
STREET ADDRESS	405 Park Ave, N.Y. NY	STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME		NAME	
STREET ADDRESS		STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP		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, 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: <u>Thomas Haggerty</u> 8/23/05 212-251-1410 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					