

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000159764

FILED
Mar 24, 2009
Secretary of State

Entity Name: INSTITUTE OF ALLIED MEDICAL PROFESSIONS, INC.

Current Principal Place of Business:

5150 LINTON BOULEVARD
SUITE 340
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

405 PARK AVE.
SUITE 501
NEW YORK, NY 10022

New Mailing Address:

FEI Number: 20-2058034 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

VIDAL, KARYN
2269 RIDGEWOOD CIRCLE
ROYAL PALM BEACH, FL 33411 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: D () Delete
Name: HAGGERTY, THOMAS
Address: 405 PARK AVE, SUITE 501
City-St-Zip: NEW YORK, NY 10022

Title: D () Delete
Name: HAGGERTY, JAMIE
Address: 405 PARK AVE
City-St-Zip: NEW YORK, NY 10022

Title: D () Delete
Name: HAGGERTY, BRIAN
Address: 405 PARK AVE
City-St-Zip: NEW YORK, NY 10022

Title: D () Delete
Name: HAGGERTY, KEVIN
Address: 405 PARK AVE
City-St-Zip: NEW YORK, NY 10022

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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 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: THOMAS HAGGERTY

PRES

03/24/2009

Electronic Signature of Signing Officer or Director

Date