

# 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