

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000159764

FILED
Apr 09, 2010
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
Name: HAGGERTY, THOMAS
Address: 405 PARK AVE, SUITE 501
City-St-Zip: NEW YORK, NY 10022

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: THOMAS HAGGERTY

PRES

04/09/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date