

# **2012 FOR PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# P04000159764

**FILED**  
**Jun 29, 2012**  
**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:**

5150 LINTON BOULEVARD  
SUITE 340  
DELRAY BEACH, FL 33484 US

**Current Mailing Address:**

405 PARK AVE.  
SUITE 501  
NEW YORK, NY 10022

**New Mailing Address:**

333 EARLE OVINGTON BLVD  
SUITE 305  
UNIONDALE, NY 11553 US

**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:**

BLOOM, JON  
2295 NW CORPORATE BLVD  
SUITE 117  
BOCA RATON, FL 33431 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: JON BLOOM

06/29/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: HAGGERTY, THOMAS  
Address: 333 EARLE OVINGTON BLVD  
City-St-Zip: UNIONDALE, NY 11553 US

Title: D  
Name: HAGGERTY, JAMIE  
Address: 333 EARLE OVINGTON BLVD  
City-St-Zip: UNIONDALE, NY 11553 US

Title: D  
Name: HAGGERTY, BRIAN  
Address: 333 EARLE OVINGTON BLVD  
City-St-Zip: UNIONDALE, NY 11553

Title: D  
Name: HAGGERTY, KEVIN  
Address: 333 EARLE OVINGTON BLVD  
City-St-Zip: UNIONDALE, NY 10022 US

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

06/29/2012

Electronic Signature of Signing Officer or Director

Date