

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