

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000145367

FILED
Feb 13, 2006
Secretary of State

Entity Name: INSTITUTE OF ADVANCED MEDICINE, INC.

Current Principal Place of Business:

5723 HAMILTON WAY
BOCA RATON, FL 33496

New Principal Place of Business:

900 N. FEDERAL HWY.
#260
BOCA RATON, FL 33432 US

Current Mailing Address:

5723 HAMILTON WAY
BOCA RATON, FL 33496

New Mailing Address:

900 N. FEDERAL HWY.
#260
BOCA RATON, FL 33432 US

FEI Number: 20-3750319

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALLAN, MARK
5723 HAMILTON WAY
BOCA RATON, FL 33496 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: DPS () Delete
Name: KALLAN, MARK
Address: 5723 HAMILTON WAY
City-St-Zip: BOCA RATON, FL 33496

Title: VPS () Delete
Name: BRYCE, BRIAN
Address: 5723 HAMILTON WAY
City-St-Zip: BOCA RATON, FL 33496

Title: T () Delete
Name: INVERNALE, ANNE
Address: 250 N 3RD AVE
City-St-Zip: DALRAY BCH, FL 33494

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C/CE (X) Change () Addition
Name: KALLAN, MARK
Address: 5723 HAMILTON WAY
City-St-Zip: BOCA RATON, FL 33496 US

Title: D (X) Change () Addition
Name: BRYCE, BRIAN
Address: 5723 HAMILTON WAY
City-St-Zip: BOCA RATON, FL 33496 US

Title: D/P (X) Change () Addition
Name: INVERNALE, ANNE
Address: 101 PLAZA REAL SOUTH
City-St-Zip: BOCA RATON, FL 33432 US

Title: V/S/ () Change (X) Addition
Name: BRESLAUER, GERALD M
Address: 11453 OHANU CIRCLE
City-St-Zip: BOYNTON BEACH, FL 33437 US

I hereby certify that the information supplied with this filing does not qualify for the 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: GERALD BRESLAUER

V/S

02/13/2006

Electronic Signature of Signing Officer or Director

_____ Date