2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000145367

Entity Name: INSTITUTE OF ADVANCED MEDICINE, INC.

FILED Apr 10, 2008 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
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900 N. FEDERAL HWY.

#260

BOCA RATON, FL 33432 US

Current Mailing Address: 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: Name and Address of New Registered Agent:

KALLAN, MARK KALLAN, MARK

5723 HAMILTON WAY

BOCA RATON, FL 33496 US

900 N. FEDERAL HIGHWAY
SUITE 260

OCA RATON, FL 33496 US SUITE 260 BOCA RATON, FL 33432 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: 04/10/2008

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C/CE () Delete Title: C/CE (X) Change () Addition

Name: KALLAN, MARK Name: KALLAN, MARK
Address: 5723 HAMILTON WAY Address: 900 N. FEDERAL HIGHWAY #260

City-St-Zip: BOCA RATON, FL 33496 US City-St-Zip: BOCA RATON, FL 33432 US

Title: D () Delete Title: () Change () Addition

 Name:
 SOLLITTO, JOSEPH B
 Name:

 Address:
 921 IONIA AVE
 Address:

 City-St-Zip:
 STATEN ISLAND, NY 10309 US
 City-St-Zip:

Title: D/P () Delete Title: D/P (X) Change () Addition

Name: INVERNALE, ANNE Name: INVERNALE, ANNE

 Address:
 101 PLAZA REAL SOUTH
 Address:
 900 N. FEDERAL HIGHWAY #260

 City-St-Zip:
 BOCA RATON, FL 33432 US
 City-St-Zip:
 BOCA RATON, FL 33432 US

Title: V/S/ () Delete Title: V/S/ (X) Change () Addition BRESLAUER, GERALD M BRESLAUER, GERALD M Name: Name: Address: 11453 OHANU CIRCLE Address: 900 N. FEDERAL HIGHWAY #260 City-St-Zip: City-St-Zip: BOYNTON BEACH, FL 33437 US BOCA RATON, FL 33432 US

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: MARK KALLAN C/CE 04/10/2008