

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000145367

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: INSTITUTE OF ADVANCED MEDICINE, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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  
900 N. FEDERAL HIGHWAY  
SUITE 260  
BOCA RATON, FL 33432 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: C/CE ( ) Delete  
Name: KALLAN, MARK  
Address: 900 N. FEDERAL HIGHWAY #260  
City-St-Zip: BOCA RATON, FL 33432 US

Title: D ( ) Delete  
Name: SOLLITTO, JOSEPH B  
Address: 921 IONIA AVE  
City-St-Zip: STATEN ISLAND, NY 10309 US

Title: D/P ( ) Delete  
Name: INVERNALE, ANNE  
Address: 900 N. FEDERAL HIGHWAY #260  
City-St-Zip: BOCA RATON, FL 33432 US

Title: V/S/ ( ) Delete  
Name: BRESLAUER, GERALD M  
Address: 900 N. FEDERAL HIGHWAY #260  
City-St-Zip: BOCA RATON, FL 33432 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: GERALD BRESLAUER

S

04/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date