

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000105238

**FILED**  
**Jan 25, 2008**  
**Secretary of State**

**Entity Name:** THE INSTITUTE OF ALLIED MEDICAL PROFESSIONS OF FLORIDA, INC.

**Current Principal Place of Business:**

405 PARK AVE.  
NEW YORK, NY 10022

**New Principal Place of Business:**

405 PARK AVE.  
501  
NEW YORK, NY 10022

**Current Mailing Address:**

405 PARK AVE.  
NEW YORK, NY 10022

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DR., STE. 4  
WESTON, FL 33331    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:                      ( ) Delete  
Name:  
Address:  
City-St-Zip:

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

Title:                      PRES                      ( ) Change (X) Addition  
Name:                      HAGGERTY, THOMAS PRES.  
Address:                      405 PARK AVENUE, SUITE 501  
City-St-Zip:                      NEW YORK, NY 10022

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: THOMAS J. HAGGERTY

PRES

01/25/2008

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date