2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000105238

FILED Jun 30, 2009 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

405 PARK AVE. 501

NEW YORK, NY 10022

Current Mailing Address: New Mailing Address:

405 PARK AVE. NEW YORK, NY 10022

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

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

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR., STE. 4
WESTON, FL 33331 US
VIDAL, KARYN
5150 LINTON BLVD
SUITE 320

VESTON, FL 33331 US SUITE 320 DELRAY BEACH, FL 33484 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: KARYN VIDAL 06/30/2009

KARYN VIDAL 06/30/2009

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES () Delete Title: () Change () Addition

 Name:
 HAGGERTY, THOMAS PRES.
 Name:

 Address:
 405 PARK AVENUE, SUITE 501
 Address:

 City-St-Zip:
 NEW YORK, NY 10022
 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: THOMAS HAGGERTY PRES 06/30/2009