

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000105238

FILED
Apr 09, 2010
Secretary of State

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

Current Principal Place of Business:

405 PARK AVE.
501
NEW YORK, NY 10022

New Principal Place of Business:

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:

VIDAL, KARYN
5150 LINTON BLVD
SUITE 320
DELRAY BEACH, FL 33484 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: PRES
Name: HAGGERTY, THOMAS PRES.
Address: 405 PARK AVENUE, SUITE 501
City-St-Zip: NEW YORK, NY 10022

I hereby 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 all other like empowered.

SIGNATURE: THOMAS HAGGERTY

PRES

04/09/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date