

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000076279

FILED
Aug 29, 2011
Secretary of State

Entity Name: AMERICAN INSTITUTE OF HEALTH PROFESSIONS, INC.

Current Principal Place of Business:

7951 SW 6TH ST., STE. 210
PLANTATION, FL 33324

New Principal Place of Business:

Current Mailing Address:

7951 SW 6TH ST., STE. 210
PLANTATION, FL 33324

New Mailing Address:

FEI Number: 26-3216109

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

OFFICERS AND DIRECTORS:

Title: D
Name: MCMASTER, WILLIAM
Address: 7951 SW 6TH ST., STE. 210
City-St-Zip: PLANTATION, FL 33324

Title: DS
Name: PROTO, RANDY
Address: 7951 SW 6TH ST., STE. 210
City-St-Zip: PLANTATION, FL 33324

Title: P
Name: COUTTS, CHRISTOPHER
Address: 7951 SW 6TH ST., STE. 210
City-St-Zip: PLANTATION, FL 33324

Title: D
Name: HARPER, SCOTT
Address: 7951 SW 6TH ST., STE. 210
City-St-Zip: PLANTATION, FL 33324

Title: D
Name: BENJAMIN, ARTHUR
Address: 7951 SW 6TH ST., STE. 210
City-St-Zip: PLANTATION, FL 33324

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: RANDY PROTO

DS

08/29/2011

Electronic Signature of Signing Officer or Director

Date