

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # *S91838*
1. Corporation Name

INSTITUTE OF ADVANCED MEDICINE

Principal Place of Business: 7200 West Commercial Boulevard Suite 210, Lauderhill, Florida 33319
Mailing Address: 7200 West Commercial Boulevard Suite 210, Lauderhill, Florida 33319

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	11-04-91	1995
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number	Applied For / Not Applicable
23 City & State	28 City & State	65-0299400	
24 Zip	29 Zip	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25 Country	30 Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Wolfson, Andrea L 4491 S State Rd. 7 Suite 314 Davie, Florida 33314		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *Herbert R. Slavin* *Herbert R. Slavin* DATE: _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when this is filed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President/Treasurer <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Herbert R. Slavin, M.D.	1.2 NAME	
STREET ADDRESS	7200 West Commercial Blvd #210	1.3 STREET ADDRESS	
CITY-ST-ZIP	Lauderhill, FL 33319	1.4 CITY-ST-ZIP	
TITLE	Vice President/Secretary <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	George Kindness, M.D.	2.2 NAME	
STREET ADDRESS	7200 West Commercial Blvd. #210	2.3 STREET ADDRESS	
CITY-ST-ZIP	Lauderhill, FL 33319	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	100001847881
STREET ADDRESS		5.3 STREET ADDRESS	-06/03/96--01035--034
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***200.00
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *Herbert R. Slavin* *Herbert R. Slavin* DATE: 4-30-96 DAYTIME PHONE #: 954-748-4991
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

OL 5.1.96