CORPORATION ANNUAL REPORT 1995

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

DOCUMENT # V45177 (5)

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

1. Corporation Name
INSTITUTE OF LEGAL & MEDICAL PROFESSIONS, INC.

Principal Place of Business	Mailing Address
P.O. BOX 410035 MELBOURNE FL 32941	P.O. BOX 410035 MELBOURNE FL 32941

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/22/1992
3a. Date of Last Report: 01/20/1994

2. Principal Place of Business	2a. Mailing Address
21 3494 N HARBOR CITY BK	26 3494 N HARBOR CITY BLV
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MELBOURNE FL.	28 City & State: MELBOURNE FL
24 Zip: 32935 25 Country: BREVARD	29 Zip: 32935 30 Country: BREVARD

4. FEI Number: 59-3133123 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION INFORMATION SERVICES INC. 1201 HAYS ST. TALLAHASSEE FL 32301	81 Name: SHARON PLATA 82 Street Address (P.O. Box Number is Not Acceptable): 1700 COMMODORE BLVD 83: # 1502 84 City: COCOA BEACH FL 85 Zip Code: 32931

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: Sharon C Plata 6/28/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP PLATA, SHARON C. 3700 N. HARBOR CITY BLVD MELBOURNE FL	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition DIRECTOR/PRESIDENT SHARON PLATA 1700 COMMODORE BLVD #1502 COCOA BEACH, FL 32931
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☒ Addition DIRECTOR/VICE PRESIDENT ROBERT MCINTYRE 1700COMMODORE BLVD #1502 COCOA BEACH, FL 32931
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☒ Addition DIRECTOR/TREASURER EVELYN STEM 303 GEORGETOWN AVE, MELBOURNE, FL
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☒ Addition DIRECTOR/SECRETARY PAMELA O NIEL 1230 S MILITARY TRAIL # 2023 DEERFIELD BCH, FL 33442
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☒ Addition DIRECTOR ELIZABETH NAWN 866 LYNBROOK STREET PALM BAY, FL. 32907
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: Sharon C Plata 5/24/95 407-242-7555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074184 CP