**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**
**Apr 22, 2018**
**Secretary of State**
**CC1253582812**

DOCUMENT# 731916

**Entity Name:** INSTITUTE FOR MEDICAL AND HUMAN RESOURCES, INC.

**Current Principal Place of Business:**

1161 S. SOUTHLAKE DR.
C/O DR. DORSEY
HOLLYWOOD, FL 33019

**Current Mailing Address:**

1161 S. SOUTHLAKE DR.
C/O DR. DORSEY
HOLLYWOOD, FL 33019 US

**FEI Number: 59-1574136**

**Certificate of Status Desired:** No

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

DORSEY, JOSEPH EM.D.
1161 S. SOUTHLAKE DR.
HOLYWOOD, FL 33019 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:

Electronic Signature of Registered Agent — Date

**Officer/Director Detail :**

| | | | |
|---|---|---|---|
| Title | PD | Title | TSD |
| Name | DORSEY, JOSEPH EMD | Name | PERKS, GRANT D |
| Address | 1161 S. SOUTHLAKE DR.. | Address | 1759 MAPLE RIDGE DRIVE |
| City-State-Zip: | HOLLYWOOD FL 33019-1933 | City-State-Zip: | MISSISSAUGA, ONT CA L4W2B-5 |

| | |
|---|---|
| Title | D |
| Name | DORSEY, MARILYN S |
| Address | 1161 S. SOUTHLAKE DR |
| City-State-Zip: | HOLLYWOOD FL 33019 |

*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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

SIGNATURE: MARILYN DORSEY D 04/22/2018

Electronic Signature of Signing Officer/Director Detail — Date