## 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#762512** 

FILED Mar 15, 2012 Secretary of State

Entity Name: MAURY SELDIN ADVANCED STUDIES INSTITUTE, INC.

Current Principal Place of Business: New Principal Place of Business:

THE HOYT CENTER 760 U.S. HWY. ONE, SUITE 300 N. PALM BEACH, FL 334084424 US

Current Mailing Address: New Mailing Address:

THE HOYT CENTER 760 U.S. HWY. ONE, SUITE 300 N. PALM BEACH, FL 334084424 US

FEI Number: 52-1263342 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

DONOHUE, RON M DR.
760 US HWY ONE, STE. 300
760 US HWY ONE, STE. 300
NORTH PALM PEACLE FL. 204004420 LIC

NORTH PALM BEÁCH, FL 334084420 US NORTH PALM BEÁCH, FL 334084420 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: RON M. DONOHUE 03/15/2012

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Γitle: CPD

 Name:
 FISHER, JEFFREY D DR.

 Address:
 760 US HWY ONE, STE 300

 City-St-Zip:
 NORTH PALM BEACH, FL 33408 US

Title: D

 Name:
 LING, DAVID C DR.

 Address:
 760 US HWY ONE, STE 300

 City-St-Zip:
 NORTH PALM BEACH, FL 33408

Title: DSVP

 Name:
 MILLER, NORMAN G DR.

 Address:
 760 US HWY ONE, STE 300

 City-St-Zip:
 NORTH PALM BEACH, FL 33408 US

Title:

Name: KOHLHEPP, DANIEL B DR. Address: 760 US HWY ONE, STE 300

City-St-Zip: NORTH PALM BEACH, FL 334084424

Title: DAS

 Name:
 HOWARD, THOMAS L ESQ.

 Address:
 760 US HWY ONE, STE 300

 City-St-Zip:
 NORTH PALM BEACH, FL 33408

Title: DT

 Name:
 DONOHUE, RON M

 Address:
 760 US HWY ONE, STE 300

 City-St-Zip:
 NORTH PALM BEACH, FL 33408

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: RON M. DONOHUE T 03/15/2012