

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 729845

**Entity Name:** THE VILLAGE SOUTH INSTITUTE OF HUMAN RESOURCES, INC.**FILED**  
**Feb 04, 2016**  
**Secretary of State**  
**CC0995553142****Current Principal Place of Business:**169 E FLAGLER STREET  
SUITE 1300  
MIAMI, FL 33131**Current Mailing Address:**169 E FLAGLER STREET  
SUITE 1300  
MIAMI, FL 33131 US**FEI Number: 23-7410605****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**BUSINESS FILINGS INCORPORATED  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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           | PRESIDENT, DIRECTOR     |
| Name            | STEINBERG, RICHARD      |
| Address         | PO BOX 94738            |
| City-State-Zip: | LAS VEGAS NV 89193-4738 |

|                 |                         |
|-----------------|-------------------------|
| Title           | DIRECTOR                |
| Name            | WALSH, THOMAS II        |
| Address         | 180 28TH AVENUE NORTH   |
| City-State-Zip: | ST. PETERSBURG FL 33704 |

|                 |  |
|-----------------|--|
| Title           | DIRECTOR                                       |
| Name            | BOAZMAN, DERRICK                               |
| Address         | C/O URBAN PLANNING SOLUTION<br>1860 BOND DRIVE |
| City-State-Zip: | ATLANTA GA 30315                               |

|                 |                         |
|-----------------|-------------------------|
| Title           | SECRETARY, TREASURER    |
| Name            | STILES, TINA            |
| Address         | PO BOX 94738            |
| City-State-Zip: | LAS VEGAS NV 89193-4738 |

|                 |  |
|-----------------|--|
| Title           | CHAIRMAN, DIRECTOR   |
| Name            | WADHAMS, JAMES   |
| Address         | C/O FENNEMORE CRAIG JONES<br>VARGUS<br>BANK OF AMERICA BLDG., 300 S. 4TH<br>ST. STE 1400 |
| City-State-Zip: | LAS VEGAS NV 89101   |

|                 |                               |
|-----------------|-------------------------------|
| Title           | DIRECTOR                      |
| Name            | PORTER, WILLIAM               |
| Address         | 1212 E ANDY DEVINE AVE<br>101 |
| City-State-Zip: | KINGMAN AZ 86401              |

|                 |  |
|-----------------|--|
| Title           | DIRECTOR   |
| Name            | ABADIN, RAMON                                      |
| Address         | ONE BISCAYNE TOWER<br>TWO SOUTH BISCAYNE BLVD 1500 |
| City-State-Zip: | MIAMI FL 33131                                     |

*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: TINA STILES****SECRETARY****02/04/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date