

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762512

Entity Name: MAURY SELDIN ADVANCED STUDIES INSTITUTE, INC.

FILED
Mar 22, 2017
Secretary of State
CC5534559926

Current Principal Place of Business:

THE HOYT CENTER
760 U.S. HWY. ONE, SUITE 300
N. PALM BEACH, FL 33408-4424

Current Mailing Address:

THE HOYT CENTER
760 U.S. HWY. ONE, SUITE 300
N. PALM BEACH, FL 33408-4424 US

FEI Number: 52-1263342

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DONOHUE, RON M DR.
760 US HWY ONE, STE. 300
NORTH PALM BEACH, FL 33408-4420 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

03/22/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN, PRESIDENT, DIRECTOR
Name FISHER, JEFFREY D DR.
Address THE HOYT CENTER
760 U.S. HWY. ONE, SUITE 300
City-State-Zip: N. PALM BEACH FL 33408-4424

Title DIRECTOR
Name LING, DAVID C DR.
Address THE HOYT CENTER
760 U.S. HWY. ONE, SUITE 300
City-State-Zip: N. PALM BEACH FL 33408-4424

Title VP, SECRETARY, ASST. TREASURER,
DIRECTOR
Name MILLER, NORMAN G DR.
Address THE HOYT CENTER
760 U.S. HWY. ONE, SUITE 300
City-State-Zip: N. PALM BEACH FL 33408-4424

Title DIRECTOR
Name KOHLHEPP, DANIEL B DR.
Address THE HOYT CENTER
760 U.S. HWY. ONE, SUITE 300
City-State-Zip: N. PALM BEACH FL 33408-4424

Title ASST. SECRETARY, DIRECTOR
Name HOWARD, THOMAS L ESQ.
Address THE HOYT CENTER
760 U.S. HWY. ONE, SUITE 300
City-State-Zip: N. PALM BEACH FL 33408-4424

Title TREASURER, DIRECTOR
Name DONOHUE, RON M DR.
Address THE HOYT CENTER
760 U.S. HWY. ONE, SUITE 300
City-State-Zip: N. PALM BEACH FL 33408-4424

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: FISHER , JEFFREY D , DR.

CHAIRMAN, PRESIDENT, 03/22/2017
DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date