# 2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

#### DOCUMENT# N14000009988

## Entity Name: ADVANCED ORTHOGONAL INSTITUTE, INC.

### **Current Principal Place of Business:**

2201 62ND AVE N ST. PETERSBURG, FL 33702

### **Current Mailing Address:**

2201 62ND AVE N ST. PETERSBURG, FL 33702 US

# FEI Number: 47-2166489

### Name and Address of Current Registered Agent:

LODEN, FRAZE & ASSOCIATES, P.A. 4601 CENTRAL AVE ST. PETERSBURG, FL 33713 US

Date

Certificate of Status Desired: No

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

## **Officer/Director Detail :**

Title	PRES	Title	SEC
Name	PIERCE, G. STANFORD SR.	Name	FOWLER, JEFFREY
Address	2201 62ND AVE N	Address	2201 62ND AVE N
City-State-Zip:	ST. PETERSBURG FL 33702	City-State-Zip:	ST. PETERSBURG FL 33702
Title	D	Title	D
Name	SCHAR, NICHOLAS	Name	SCHLINGER, CHRIS
Address	2201 62ND AVE N	Address	2201 62ND AVE N
City-State-Zip:	ST. PETERSBURG FL 33702	City-State-Zip:	ST. PETERSBURG FL 33702
Title	D	Title	D
Name	NGO, DUYEN	Name	COLLINS, CHRIS
Address	2201 62ND AVE N	Address	2201 62ND AVE N
City-State-Zip:	ST. PETERSBURG FL 33702	City-State-Zip:	ST. PETERSBURG FL 33702

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: G. STANFORD PIERCE, SR.

PRES

04/23/2015

Electronic Signature of Signing Officer/Director Detail

Date