

2023 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:

9280 BAY PLAZA BLVD
SUITE 725
TAMPA, FL 33619 US

FEI Number: 47-2166489

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHAR, NICHOLAS H
6029 ROLLING VISTA LOOP
DOVER, FL 33527 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: NICHOLAS H SCHAR

01/28/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRES
Name PIERCE, G. STANFORD SR.
Address 2201 62ND AVE N
City-State-Zip: ST. PETERSBURG FL 33702

Title VP
Name FOWLER, JEFFREY
Address 108 W HIGHLAND BLVD
City-State-Zip: INVERNESS FL 34452

Title TREASURER
Name SCHAR, NICHOLAS
Address 9280 BAY PLAZA BLVD
STE. 725
City-State-Zip: TAMPA FL 33619

Title D
Name SLININGER, CHRIS
Address 2201 62ND AVE N
City-State-Zip: ST. PETERSBURG FL 33702

Title SECRETARY
Name LYTER, KEVIN
Address 1720 S 72ND ST
City-State-Zip: TACOMA WA 98408

Title D
Name COLLINS, CHRIS
Address 412 SE OSCEOLA ST.
City-State-Zip: STUART FL 34994

Title DIRECTOR
Name ATKINS, PETER
Address 2621 70TH AVE W
SUITE A
City-State-Zip: UNIVERSITY PLACE WA 98466

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: NICHOLAS H SCHAR

TREASURER

01/28/2023

Electronic Signature of Signing Officer/Director Detail

Date