

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P07000115346

**Entity Name:** THE LIVING SERVICES INSTITUTE, INC.

**Current Principal Place of Business:**

260 MADISON AVENUE  
12TH FLOOR  
NEW YORK, NY 10016

**FILED**  
**Feb 19, 2013**  
**Secretary of State**  
**CC7179071245**

**Current Mailing Address:**

6421 CONGRESS AVENUE  
SUITE 110  
BOCA RATON, FL 33487

**FEI Number: 33-1187288**

**Certificate of Status Desired: Yes**

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

KAMINOFF, LESLIE  
6421 CONGRESS AVENUE  
SUITE 110  
BOCA RATON, FL 33487 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           CEOD  
Name           KAMINOFF, LESLIE  
Address        6421 CONGRESS AVENUE, SUITE 110  
  
City-State-Zip: BOCA RATON FL 33487

Title           CFO  
Name           STEINBERG, VAL  
Address        6421 CONGRESS AVENUE, SUITE 110  
  
City-State-Zip: BOCA RATON FL 33487

Title           PRESIDENT  
Name           DERSHOWITZ, BARBARA  
Address        260 MADISON AVENUE  
                  12TH FLOOR  
City-State-Zip: NEW YORK NY 10016

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: VAL STEINBERG**

**CFO**

**02/19/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date