

**2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000042830

**Entity Name:** THE N INSTITUTE, P.A.

**Current Principal Place of Business:**

11190 49TH ST N  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

720 LUCERNE AVE #802  
LAKE WORTH, FL 33460 US

**FEI Number:** 47-4133123

**Certificate of Status Desired:** No

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

PELLICCIONE, NICOLETTE  
11190 49TH ST N  
WEST PALM BEACH, FL 33411 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  
Name            PELLICCIONE, NICOLETTE  
Address        11190 49TH ST N  
City-State-Zip: WEST PALM BEACH FL 33411

*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:** NICOLETTE PELLICCIONE

**PRESIDENT**

**01/23/2022**

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

\_\_\_\_\_  
Date