

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F09000003632

Entity Name: LIFE SOURCE INSTITUTE, INC.

**FILED**  
**Jan 24, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

5827 CORPORATE WAY  
SUITE 200  
WEST PALM BEACH, FL 33407

**New Principal Place of Business:**

**Current Mailing Address:**

5827 CORPORATE WAY  
SUITE 200  
WEST PALM BEACH, FL 33407

**New Mailing Address:**

FEI Number: 27-0801307

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LORIE, ARIEL  
5827 CORPORATE WAY  
SUITE 200  
WEST PALM BEACH, FL 33407 US

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

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

**OFFICERS AND DIRECTORS:**

Title: CHRM  
Name: MARTIN, LESLIE E  
Address: 5827 CORPORATE WAY SUITE 200  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: P  
Name: SCIARA, ANTHONY S  
Address: 5827 CORPORATE WAY SUITE 200  
City-St-Zip: WEST PALM BEACH, FL 33407

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: ANTHONY SCIARA

PRES

01/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date