

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000001242

FILED  
Jun 13, 2009  
Secretary of State

Entity Name: NORTH SOUTH INSTITUTE, INC.

## Current Principal Place of Business:

5400 S UNIVERSITY DRIVE  
SUITE 508  
DAVIE, FL 33328

## New Principal Place of Business:

## Current Mailing Address:

5400 S UNIVERSITY DRIVE  
SUITE 508  
DAVIE, FL 33328

## New Mailing Address:

FEI Number: 32-0033813      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

## Name and Address of New Registered Agent:

SCOTT, SAMUEL DR.  
5400 S UNIVERSITY DRIVE  
SUITE 508  
DAVIE, FL 33328 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

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: SCOTT, SAMUEL DR.  
Address: 5400 S UNIVERSITY DRIVE, SUITE 508  
City-St-Zip: DAVIE, FL 33328

Title: D ( ) Delete  
Name: OSBOURNE, OWEN DR.  
Address: 10550 SW 12 TERRACE  
City-St-Zip: MICANOPY, FL 32667

Title: D ( ) Delete  
Name: DAGHER, MAGID DR.  
Address: 108 PINE HURST DRIVE  
City-St-Zip: VICKSBURG, MS 39180

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: SAMUEL SCOTT

D

06/13/2009

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

\_\_\_\_\_  
Date