

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N02000001242

**FILED**  
**Jul 27, 2010**  
**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 (X)**

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

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

**Title:** D  
**Name:** LAMBERTS, MARY DR.  
**Address:** 15831 SOUTHWEST 100 CT  
**City-St-Zip:** MIAMI, FL 33157

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

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:** SAMUEL SCOTT

DR.

07/27/2010

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

\_\_\_\_\_  
Date