

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000009031

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** NATIONAL INSTITUTE FOR BALANCE AND DIZZINESS, INC.

**Current Principal Place of Business:**

16378 NE 26TH AVE  
NORTH MIAMI BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

16378 NE 26TH AVE  
NORTH MIAMI BEACH, FL 33160

**New Mailing Address:**

**FEI Number:** 20-5436377

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KROYTOR, ELAINE  
16378 NE 26TH AVE  
NORTH MIAMI BEACH, FL 33160 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: KROYTOR, ELAINE  
Address: 16378 NE 26TH AVE  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: D  
Name: KROYTOR, ALEX  
Address: 16378 NE 26TH AVE  
City-St-Zip: NORTH MIAMI BEACH, FL 33160

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:** ELAINE KROYTOR

D

04/30/2012

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

\_\_\_\_\_  
Date