

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N07000005645

FILED  
Oct 04, 2009  
Secretary of State

**Entity Name:** THE INFORMED ELDER INSTITUTE, INC.

**Current Principal Place of Business:**

412 E. MADISON STREET  
SUITE 902  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

412 E. MADISON STREET  
SUITE 902  
TAMPA, FL 33602

**New Mailing Address:**

**FEI Number:** 59-3318572      **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:**

ROSENKRANZ, JACK M  
412 E. MADISON STREET  
SUITE 902  
TAMPA, FL 33602 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: JACK ROSENKRANZ

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DPVT ( ) Delete  
Name: ROSENKRANZ, JACK M  
Address: 412 E. MADISON STREET, SUITE 902  
City-St-Zip: TAMPA, FL 33602

Title: D ( ) Delete  
Name: OSSINSKY, MARC P  
Address: 2699 LEE ROAD, SUITE 101  
City-St-Zip: WINTER PARK, FL 32789

Title: D ( ) Delete  
Name: GRUMAN, ERIC  
Address: 3400 W. KENNEDY BOULEVARD  
City-St-Zip: TAMPA, FL 33609

**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: JACK ROSENKRANZ

DPVT

10/04/2009

Electronic Signature of Signing Officer or Director

Date