

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000005645

FILED
Apr 24, 2012
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:

412 E. MADISON STREET
SUITE 902
TAMPA, FL 33602 UN

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 ()**

Name and Address of Current Registered Agent:

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

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

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

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: JACK ROSENKRANZ

DPVT

04/24/2012

Electronic Signature of Signing Officer or Director

Date