2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2012
Secretary of State

DOCUMENT# N09000005901

Entity Name: THE MULTICULTURAL HEALTH INSTITUTE, INC.

Current Principal Place of Business:

3277 FRUITVILLE ROAD
SUITE C-1
SARASOTA, FL 34237

New Principal Place of Business:

Current Mailing Address:

3277 FRUITVILLE ROAD
SUITE C-1
SARASOTA, FL 34237

New Mailing Address:

FEI Number: 68-0384071 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MERRITT, LISA MD
3277 FRUITVILLE ROAD
SUITE C-1
SARASOTA, FL 34237 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: ED
Name: MERRITT, LISA
Address: 3277 FRUITVILLE ROAD SUITE C1
City-St-Zip: SARASOTA, FL 34237

Title: TREA
Name: YEW, CURTIS CPA
Address: 452 S AUBURN ST, STE 2.
City-St-Zip: GRASS VALLEY, CA 95945

Title: S
Name: PETTERSON, TERESA MD,MPA
Address: 3277 FRUITVILLE ROAD SUITE C1
City-St-Zip: SARASOTA, FL 34237

Title: T
Name: LANE, ALLAN
Address: 4970 CITY HALL BOULEVARD
City-St-Zip: NORTHPORT, FL 34286

Title: T
Name: TANNEN, PETE
Address: 4500 BISCAYNE BLVD. SUITE 340
City-St-Zip: MIAMI, FL 33137

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: LISA MERRITT, M.D. ED 04/30/2012

Electronic Signature of Signing Officer or Director — Date