

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N11000001208

FILED  
Feb 22, 2012  
Secretary of State

Entity Name: THE INSTITUTE, INC.

**Current Principal Place of Business:**

10925 S.W. 27TH AVENUE  
GAINESVILLE, FL 32608

**New Principal Place of Business:**

2725 SW 91ST STREET  
STE 110, PMB #90  
GAINESVILLE, FL 32608 US

**Current Mailing Address:**

10925 S.W. 27TH AVENUE  
GAINESVILLE, FL 32608

**New Mailing Address:**

2725 SW 91ST STREET  
STE 110, PMB #90  
GAINESVILLE, FL 32608 US

FEI Number: 45-2524946

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SMITH, LARRY N  
10925 S.W. 27TH AVENUE  
GAINESVILLE, FL 32608 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, P  
Name: SMITH, LARRY N  
Address: 10925 S.W. 27TH AVENUE  
City-St-Zip: GAINESVILLE, FL 32608

Title: D,VP  
Name: SMILLOV, MARIN  
Address: 6914 S.W. 80TH DRIVE  
City-St-Zip: GAINESVILLE, FL 32608

Title: D,S  
Name: SAMARRAI, REMZEY L  
Address: 16741 SE CR 234  
City-St-Zip: MICANOPY, FL 32667 US

Title: D,T  
Name: WYSZKOWSKI, ALEJANDRO  
Address: 5745 SW 75TH STREET #167  
City-St-Zip: GAINESVILLE, FL 32608

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: LARRY N. SMITH, MD, PRESIDENT

D, P

02/22/2012

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

\_\_\_\_\_  
Date