

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N50912

FILED
Feb 28, 2008
Secretary of State

Entity Name: THE AIDS INSTITUTE, INC.

Current Principal Place of Business:

17 DAVIS BOULEVARD
SUITE 403
TAMPA, FL 33606 US

New Principal Place of Business:

Current Mailing Address:

17 DAVIS BOULEVARD
SUITE 403
TAMPA, FL 33606 US

New Mailing Address:

FEI Number: 65-0380952 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

A. GENE COPELLO
17 DAVIS BOULEVARD
SUITE 403
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

COPELLO, ANGELO G DR.
17 DAVIS BOULEVARD
SUITE 403
TAMPA, FL 33606 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: A. GENE COPELLO

02/28/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MERIDA, MARYLIN
Address: 13201 BRUCE B. DOWNS BLVD.,
City-St-Zip: TAMPA, FL 33612

Title: VP () Delete
Name: SEEWER, STEPHEN
Address: 17 DAVIS BLVD., SUITE 403
City-St-Zip: TAMPA, FL 33606

Title: T () Delete
Name: SIBERT, LEW
Address: 1199 SHIPWATCH CIRCLE
City-St-Zip: TAMPA, FL 33602

Title: S () Delete
Name: RALIN, PETER
Address: 17 DAVIS BLVD., SUITE 403
City-St-Zip: TAMPA, FL 33606

Title: BM () Delete
Name: SCHUYLER, WILLIAM
Address: 17 DAVIS BLVD., SUITE 403
City-St-Zip: TAMPA, FL 33606

Title: BM () Delete
Name: WHITE-GINDER, JEANNE
Address: 17 DAVIS BLVD., SUITE 403
City-St-Zip: TAMPA, FL 33606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CACERES, CESAR DR.
Address: 17 DAVIS BLVD., SUITE 403
City-St-Zip: TAMPA, FL 33606

Title: VP (X) Change () Addition
Name: WHITE-GINDER, JEANNE
Address: 17 DAVIS BLVD., SUITE 403
City-St-Zip: TAMPA, FL 33606

Title: T (X) Change () Addition
Name: SIBERT, LEW
Address: 17 DAVIS BLVD., SUITE 403
City-St-Zip: TAMPA, FL 33606

Title: S (X) Change () Addition
Name: TURNBULL, IVY
Address: 17 DAVIS BLVD., SUITE 403
City-St-Zip: TAMPA, FL 33606

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: BM (X) Change () Addition
Name: REZNIK, DAVID DR.
Address: 17 DAVIS BLVD., SUITE 403
City-St-Zip: TAMPA, FL 33606

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: DR. GENE COPELLO

ED

02/28/2008

Electronic Signature of Signing Officer or Director

Date