2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 09, 2009
Secretary of State

DOCUMENT# N50912

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:

COPELLO, ANGELO G DR.
17 DAVIS BOULEVARD
SUITE 403
TAMPA, FL 33606 US

Name and Address of New Registered Agent:

RUPPAL, MICHAEL T IED
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: MICHAEL T. RUPPAL 04/09/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

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

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

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

Title: S ( ) Delete
Name: TURNBULL, IVY
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: REZNIK, DAVID DR.
Address: 17 DAVIS BLVD,, SUITE 403
City-St-Zip: TAMPA, FL 33606

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:

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: MICHAEL T. RUPPAL IED 04/09/2009
Electronic Signature of Signing Officer or Director Date