2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2011
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:

RUPPAL, MICHAEL T ED
17 DAVIS BOULEVARD
SUITE 403
TAMPA, FL 33606 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: P
Name: MARYLIN, MERIDA
Address: 17 DAVIS BLVD., SUITE 403
City-St-Zip: TAMPA, FL 33606

Title: VP
Name: TURNBULL, IVY DR.
Address: 17 DAVIS BLVD., SUITE 403
City-St-Zip: TAMPA, FL 33606

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

Title: S
Name: BERLINER, JON
Address: 17 DAVIS BLVD., SUITE 403
City-St-Zip: TAMPA, FL 33606

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

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

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: MICHAEL RUPPAL ED 01/05/2011

Electronic Signature of Signing Officer or Director Date