

# **2011 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P10000102487

Entity Name: EQUINOX INSTITUTE INC

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

506 W OAKRIDGE RD  
ORLANDO, FL 32809 US

**New Principal Place of Business:**

**Current Mailing Address:**

506 W OAKRIDGE RD  
ORLANDO, FL 32809 US

**New Mailing Address:**

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NORLUCK, DORANGE  
4706 EMERALD FOREST WAY  
315  
ORLANDO, FL 32811 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: PR  
Name: JOSEPH, MARC P  
Address: 1025 NW 155 LN #206  
City-St-Zip: ORLANDO, FL 33169 US

Title: VP  
Name: DORANGE, NORLUCK  
Address: 4706 EMERALD FOREST WAY #105  
City-St-Zip: ORLANDO, FL 32811 US

Title: SEC  
Name: CETOUTE, GARY  
Address: 506 W OAKRIDGE RD  
City-St-Zip: ORLANDO, FL 32809

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARC P. JOSEPH

PR

04/18/2011

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

\_\_\_\_\_  
Date