

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P14000003782

**Entity Name:** INSTITUTE FOR ACCELERATED RN SUCCESS, INC.

**Current Principal Place of Business:**

108 NORTH MAGNOLIA AVENUE  
SUITE 701  
OCALA, FL 34475

**Current Mailing Address:**

108 NORTH MAGNOLIA AVENUE  
SUITE 701  
OCALA, FL 34475 US

**FEI Number:** 46-4557124

**Certificate of Status Desired:** No

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

GRANT, LYNTRESSA D  
2659 NE 35TH STREET  
BUSINESS BOX #56  
OCALA, FL 34479 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRES  
Name            GRANT, LYNTRESSA D  
Address        2659 NE 35TH STREET BOX #56  
City-State-Zip: Ocala FL 34479

*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:** LYNTRESSA D. GRANT

**PRESIDENT/CEO**

**02/16/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date