

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P15000042830

**FILED  
Feb 21, 2019  
Secretary of State  
8638568723CC**

**Entity Name:** THE N INSTITUTE, P.A.

**Current Principal Place of Business:**

8415 MANDARIN BLVD.  
LOXAHATCHEE, FL 33470

**Current Mailing Address:**

8415 MANDARIN BLVD.  
LOXAHATCHEE, FL 33470 US

**FEI Number:** 47-4133123

**Certificate of Status Desired:** No

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

PELLICCIONE, NICOLETTE  
8415 MANDARIN BLVD.  
LOXAHATCHEE, FL 33470 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 P  
Name PELLICCIONE, NICOLETTE  
Address 8415 MANDARIN BLVD.  
City-State-Zip: LOXAHATCHEE FL 33470

Title S  
Name PELLICCIONE, NICOLETTE  
Address 8415 MANDARIN BLVD.  
City-State-Zip: LOXAHATCHEE FL 33470

Title PRESIDENT  
Name PELLICCIONE, NICOLETTE  
Address 8415 MANDARIN BLVD.  
City-State-Zip: LOXAHATCHEE FL 33470

*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:** NICOLETTE S. PELLICCIONE

**PRESIDENT**

**02/21/2019**

Electronic Signature of Signing Officer/Director Detail

Date