

**NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 09, 2007 8:00 am
Secretary of State

03-09-2007 90002 033 ****75.00

40032361

DO NOT WRITE IN THIS SPACE

DOCUMENT # W01000003805
1. Entity Name
Friends of Photonics for Biomedicine Incorporated

2. Principal Place of Business Room 143
156 Knight Physics Bldg.
Suite, Apt. #, etc. Chemilley Annex
Nanomethod Laboratory
City & State 1320 Campo Sando
Dr. Coral Gables, FL
Zip 33146 Country USA

3. Mailing Address C/O Dr. Elli
Kohen Poes/Friends of P.
Suite, Apt. #, etc.
9410 SW 53rd ST
City & State
Miami, FL
Zip 33145-4412 Country USA

4. FEI Number
65-1124031 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Kohen, Elli
Street Address (P.O. Box Number is Not Acceptable)
9410 SW 53rd ST
City Miami FL Zip Code 33145

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

FEE IS \$61.25
Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			
TITLE	<u>D</u>	TITLE	
NAME	<u>Kohen, Elli</u>	NAME	
STREET ADDRESS	<u>9410 SW 53rd ST</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Miami, FL 33145</u>	CITY-ST-ZIP	
TITLE	<u>VP&T</u>	TITLE	
NAME	<u>Hirschberg, Joseph G</u>	NAME	
STREET ADDRESS	<u>1046 Alphonso AVE</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>Coral Gables, FL 33146</u>	CITY-ST-ZIP	
TITLE	<u>D</u>	TITLE	
NAME	<u>Lebane, Roger</u>	NAME	
STREET ADDRESS	<u>713 CRA UDON BLVD.</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>KEY BISCAYNE FL 33149</u>	CITY-ST-ZIP	
TITLE	<u>SCHACHTSCHABEL, DIETRICH O</u>	TITLE	
NAME	<u>FINDERVANN 25C</u>	NAME	
STREET ADDRESS	<u>35037, Harburg, Germany</u>	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<u>D</u>	TITLE	
NAME	<u>SANTO DENÉ LABORATOIRE DE</u>	NAME	
STREET ADDRESS	<u>PHOTOBIOLOGIE MUSEUM NATIONAL DE</u>	STREET ADDRESS	
CITY-ST-ZIP	<u>HISTOIRE NATURELLE 43 RUE LOUISE</u>	CITY-ST-ZIP	
	<u>7523, PARIS, FR</u>		
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or on an attachment with an address, with all other I am empowered.

SIGNATURE: Elli Kohen Date 01/08/2007 (305) 279 3822
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #