2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N99000004719

Entity Name: FLORIDA INSTITUTE FOR RESEARCH AND PATIENT SUPPORT, INC.

Current Principal Place of Business:

2291 NORTH UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

2291 NORTH UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024

New Mailing Address:

10780 SANTA FE DRIVE
HOLLYWOOD, FL 33026 US

FEI Number: 65-0948561 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COHEN, MITCHELL B MD
2291 NORTH UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024 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: D ( ) Delete
Name: COHEN, MITCHELL B MD
Address: 10780 SANTA FE DRIVE
City-St-Zip: COOPER CITY, FL 33026

Title: D ( ) Delete
Name: SMETS, MICHAEL M.D
Address: 2295 N UNIVERSITY DRIVE
City-St-Zip: PEMBROKE PINES, FL 33026

Title: D ( ) Delete
Name: GONZALEZ, MANUEL M.D
Address: 2295 N UNIVERSITY DRIVE
City-St-Zip: PEMBROKE PINES, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MITCHELL B. COHEN DR. 04/30/2009

Electronic Signature of Signing Officer or Director — Date