

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000004460

**FILED**  
**Mar 23, 2016**  
**Secretary of State**  
**CC9585801586**

**Entity Name:** ORGAN DONOR AWARENESS FOUNDATION INC

**Current Principal Place of Business:**

5944 CORAL RIDGE DR  
STE 268  
CORAL SPRINGS, FL 330763300

**Current Mailing Address:**

5944 CORAL RIDGE DR  
STE 268  
CORAL SPRINGS, FL 330763300 US

**FEI Number:** 26-2603583

**Certificate of Status Desired:** No

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

BIRA, NEAL  
5944 CORAL RIDGE DR  
STE 268  
CORAL SPRINGS, FL 330763300 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 COB  
Name BIRA, NEAL  
Address 5944 CORAL RIDGE DR  
STE 268  
City-State-Zip: CORAL SPRINGS FL 330763300

Title P  
Name SIGMAN, GARY  
Address 12 ROYAL PALM WAY  
#406  
City-State-Zip: BOCA RATON FL 33432

Title VP  
Name KUPERMAN, RICHARD  
Address 11231 HERON BAY BLVD  
#3615  
City-State-Zip: CORAL SPRINGS FL 33076

Title CT  
Name BIRA, NEAL  
Address 5944 CORAL RIDGE DR  
STE 268  
City-State-Zip: CORAL SPRINGS FL 330763300

Title S  
Name SAMALE, SELENA  
Address 11231 HERON BAY BLVD  
#3615  
City-State-Zip: CORAL SPRINGS FL 33076

Title COO  
Name SAKS, MICHAEL  
Address 11231 HERON BAY BLVD  
#3615  
City-State-Zip: CORAL SPRINGS FL 33076

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

**SIGNATURE:** NEAL BIRA

**COB**

**03/23/2016**

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

\_\_\_\_\_  
Date