

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000008484

Entity Name: FACULDADE EINSTEIN INC.**Current Principal Place of Business:**

AVENIDA IBIRACAI 4550
CHACARA CAMPO FORMOSO - NOVA ITABUNA MONASTERIO BENEDITINO CASSINENSE DE
PRIMITIVA OBSERVANCIA
ITABUNA, BAHIA 45611000

Current Mailing Address:

AVENIDA IBIRACAI 4550
CHACARA CAMPO FORMOSO - NOVA ITABUNA MONASTERIO BENEDITINO
CASSINENSE DE PRIMITIVA OBSERVANCIA
ITABUNA, BAHIA 45611000 BR

FEI Number: 81-2040315**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**

COHEN, LAWYER ROBERTO PHD
150 SE 2ND AVENUE
1110
MIAMI, FL 33131 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: LAWYER ROBERTO COHEN PHD

05/20/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENTE
Name COHEN , ROBERTO PHD
Address AVENIDA IBIRACAI 4550
CHACARA CAMPO FORMOSO - NOVA
ITABUNA MONASTERIO BENEDITINO
CASSINENSE DE PRIMITIVA
OBSERVANCIA
City-State-Zip: ITABUNA BAHIA 45611000

Title DIRECTOR, RECTOR
Name TORRES, JOSE AUGUSTO MACIEL
PHD
Address RUA DO URUGUAY
21 MARES
City-State-Zip: SALVADOR 40.445 - 040

Title EXECUTIVE SECRETARY
Name FAUST, CATHERINE DREW GILPIN
PHD
Address MASSACHUSETTS HALL
CAMBRIDGE, MA 02138 USA
CAMBRIDGE MASSACHUSETTS HALL
CAMBRIDGE, MA 02138 USA
City-State-Zip: CAMBRIDGE, MA 02138 MA 02138

Title VICE PRESIDENT
Name ROBERTO COHEN, ZIGMUND
ZIEGLER PHD
Address 1350 PENNSYLVANIA AVENUE NW
WASHINGTON DEPARTMENT OF
STATE 1350
City-State-Zip: WASHINGTON DC DC 20004

Title TREASURER
Name PERES, JOAO PAULO DOJAME PHD
Address AV. OTAVIO MANGABEIRA 2401
SHOPPING ATELIE PLACE SALA 7
City-State-Zip: SALVADOR 41830050

Title MEDICAL DEPARTMENT
Name BLOOM, BARRY GILPIN PHD
Address MASSACHUSETTS HALL CAMBRIDGE,
MA 02138 USA
CAMBRIDGE MASSACHUSETTS HALL
CAMBRIDGE, MA 02138 USA
City-State-Zip: CAMBRIDGE, MA 02138 MA 02138

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: ROBERTO COHEN

PRESIDENT

05/20/2023

