2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000008484

Entity Name: FACULDADE EINSTEIN INC.

FILED May 20, 2023 Secretary of State 1424148780CC

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

> Date Electronic Signature of Registered Agent

Officer/Director Detail :

Address

Title **PRESIDENTE** Title VICE PRESIDENT

ROBERTO COHEN, ZIGMUND COHEN, ROBERTO PHD Name Name

ZIEGLER PHD AVENIDA IBIRACAI 4550

1350 PENNSYLVANIA AVENUE NW Address CHACARA CAMPO FORMOSO - NOVA WASHINGTON DEPARTMENT OF ITABUNA MONASTERIO BENEDITINO

STATE 1350

CASSINENSE DE PRIMITIVA

OBSERVANCIA WASHINGTON DC DC 20004 City-State-Zip:

City-State-Zip: ITABUNA BAHIA 45611000 Title **TREASURER**

Title DIRECTOR, RECTOR PERES, JOAO PAULO DOJAME PHD Name

Name TORRES, JOSE AUGUSTO MACIEL AV. OTAVIO MANGABEIRA 2401 Address PHD

SHOPPING ATELIE PLACE SALA 7 **RUA DO URUGUAY** Address

City-State-Zip: SALVADOR 41830050 21 MARES

SALVADOR 40.445 - 040 City-State-Zip: Title MEDICAL DEPARTMENT

Name BLOOM, BARRY GILPIN PHD Title **EXECUTIVE SECRETARY**

MASSACHUSETTS HALL CAMBRIDGE, Address FAUST, CATHERINE DREW GILPIN Name

MA 02138 USA PHD

CAMBRIDGE MASSACHUSETTS HALL Address MASSACHUSETTS HALL

CAMBRIDGE, MA 02138 USA CAMBRIDGE.MA 02138 USA

CAMBRIDGE, MA 02138 MA 02138 City-State-Zip: CAMBRIDGE MASSACHUSETTS HALL CAMBRIDGE, MA 02138 USA

CAMBRIDGE, MA 02138 MA 02138 City-State-Zip:

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.

05/20/2023 SIGNATURE: ROBERTO COHEN PRESIDENT