

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000008484

**FILED**  
**Apr 30, 2024**  
**Secretary of State**  
**8216553431CC**

**Entity Name:** FACULDADE EINSTEIN INC.

**Current Principal Place of Business:**

RUA JOSE CALZAVARA QD 3 LT 25  
WASHINGTON DEPARTMENT OF STATE 1350  
CALDAS NOVAS, GO 75689234

**Current Mailing Address:**

RUA JOSE CALZAVARA QD 3 LT 25  
WASHINGTON DEPARTMENT OF STATE 1350  
CALDAS NOVAS, GO 75689234 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

04/30/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PRESIDENTE  
Name COHEN , ROBERTO PHD  
Address RUA JOSE CALZAVARA QD 3 LT 25  
WASHINGTON DEPARTMENT OF  
STATE 1350  
City-State-Zip: CALDAS NOVAS GO 75689234

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

Title TREASURER  
Name PERES, JOAO PAULO DOJAME PHD  
Address RUA JOSE CALZAVARA QD 3 LT 25  
WASHINGTON DEPARTMENT OF  
STATE 1350  
City-State-Zip: CALDAS NOVAS GO 75689234

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 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

04/30/2024

Electronic Signature of Signing Officer/Director Detail

Date