

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N18000000546

**Entity Name:** DR. ZIGMUND ZIEGLER ROBERTO COHEN MEDICAL DOCTOR  
HARVARD UNIVERSITY INC.

**FILED**  
**Jul 06, 2020**  
**Secretary of State**  
**5210554983CC**

**Current Principal Place of Business:**

MOUNT ZION 14166  
14166  
JERUSALEM ISRAEL, IS 91411-101

**Current Mailing Address:**

MOUNT ZION 14166  
14166  
JERUSALEM ISRAEL, IS 91411-101 IS

**FEI Number: 83-1143696**

**Certificate of Status Desired: Yes**

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

RODRIGUES, ANDRES SR,  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title MEDICAL DOCTOR HARVARD  
UNIVERSITY  
Name ROBERTO COHEN, ZIGMUND  
ZIEGLER PHD,  
Address MOUNT ZION  
14166  
City-State-Zip: JERUSALEM 9411001

Title MEDICAL DOCTOR HARVARD  
UNIVERSITY  
Name COHEN, ROBERTO PHD,  
Address MOUNT ZION 14166  
14166  
City-State-Zip: JERUSALEM 9411001

Title SEC,  
Name ZIEGLER, BERNICE DR,  
Address MOUNT ZION 14166  
City-State-Zip: JERUSALEM ISRAEL IS 91411-101

Title HARVARD MEDICAL SCHOOL  
DEPARTMENT  
Name BLOOM, BARRY PHD  
Address MASSACHUSETTS HALL CAMBRIDGE  
MASSACHUSETTS HALL CAMBRIDGE  
City-State-Zip: CAMBRIDGE 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: BERNICE ZIEGLER**

**SECRETARY**

**07/06/2020**

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

\_\_\_\_\_  
Date