

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# M59036

**Entity Name:** THE BISCAYNE INSTITUTES FOR HEALTH AND LIVING, INC.

**Current Principal Place of Business:**

2785 NE 183RD STREET  
SUITE 100  
AVENTURA, FL 33160

**Current Mailing Address:**

2785 NE 183RD STREET  
SUITE 100  
AVENTURA, FL 33160 US

**FEI Number:** 65-0003906

**Certificate of Status Desired:** No

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

GELLER, JOSEPH  
100 WEST CYPRESS CREEK ROAD  
SUITE 700  
FORT LAUDERDALE, FL 33309 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 PSTD  
Name DI COWDEN, MARIE APH.D.  
Address 2785 NE 183RD STREET #100  
City-State-Zip: AVENTURA FL 33160

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

**SIGNATURE:** MARIE A. DICOWDEN, PH.D.

**PRESIDENT**

**05/01/2015**

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

\_\_\_\_\_  
Date