

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90267 046 \*\*\*150.00

0279613 AV

**DOCUMENT # M59036**

1. Entity Name  
**THE BISCAVNE INSTITUTES FOR HEALTH AND LIVING, I  
NC.**



Principal Place of Business  
**2785 NE 183 ST  
20801 BISCAVNE BLVD..STE.307  
MIAMI FL 33160  
US**

Mailing Address  
**2785 NE 183RD ST  
20801 BISCAVNE BLVD..STE.307  
MIAMI FL 33160  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0003906**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**DICOWDEN, MARIE  
2785 NE 183RD ST  
MIAMI FL 33160**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2003 Fee will be \$550.00  
Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE **PSTD** ☐ Delete  
NAME **DI COOWDEN, MARIE A. PH.D.**  
STREET ADDRESS **2785 NE 183 ST**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **MARIE A. DICOWDEN PH.D.**  
**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**

**4/11/03**

Date

**305-532-8994**

Daytime Phone #

CR2E034 (10/02)