

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 8:00 am
Secretary of State

04-19-2005 90389 016 ****70.00

DOCUMENT # N01000003805

1. Entity Name

**FRIENDS OF PHOTONICS FOR BIOMEDICINE
INCORPORATED**



Principal Place of Business **CHEMISTRY**

**RMS 225-239 DPET. OF BIOLOGY
60X SCIENCE BUILDING, UNIVERSITY OF M
CORAL GABLES FL 33146**

Mailing Address

**C/O DR. ELLI KOHEN, PRES/FRIENDS OF P
9410 SW 53RD STREET
MIAMI FL 33165**

2. Principal Place of Business

**ROOMS 143 & 156 KNIGHT
PHYSICS BUILDING
UNIVERSITY OF MIAMI**

3. Mailing Address

SAME AS ABOVE

Suite, Apt. #, etc.

UNIVERSITY OF MIAMI

Suite, Apt. #, etc.

**CITY & STATE 1320 CAMPO SANO
DRIVE
CORAL GABLES, FLORIDA**

City & State

Zip 33146

Country

USA

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

65-1126031

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KOHEN, ELLI
9410 SW 53RD ST
MIAMI FL 33165**

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 \$61.25
Due By May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOHEN, ELLI 9410 SW 53RD STREET MIAMI FL 33165	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST HIRSCHBERG, JOSEPH G 1046 ALFONSO AVE CORAL GABLES FL 33146	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEBLANC, ROGER 713 CRANDON BLVD KEY BISCAVNE FL 33149	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHACHT SCHABEC, DIETRICH G INDER VANN 25C 35037 MARBURG GERMANY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANTAS, RENE DE PHOTOBIOLOGIE-MUSEUM NATIONAL, NATIONAL 43 RUE CUVIER, 75231, PARIS, FR	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SCHACHTSCHABEL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SANTUS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 617, 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:

Ellie Kohlen

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 3, 2005

Date

(305) 279 3822

Daytime Phone #