NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Feb 07, 2006 8:00 am Secretary of State

DOCUMENT # NO 10 00 00 3805 1. Entity Name		02-07-2006 90031 004 ****70.00	
FRIENDS OF PHOTONICS	FOR		
BIOMEDICINE INCORPORAT	EP	E 11 1 2 V A	73
		6001284	• (
DO NOT WRITE IN THIS	SPACE		
2. Principal Place of Business Rooms 143 3. Mailing Address VIS6 KNIGHT PHYSICS BLD PRES/FRIE	S C/U OR EILI KOHEN		
Suite, Apt. #, etc. CHEMISTRY ANDER Suite, Apt. #, NANOMETHOD LABORATORY 9410 SI	els 53 d STREET	DO NOT WRITE IN	THIS SPACE
City & State 1320 CAMPO SAIVE City & State CO RAL GABLES, FLOWING	MI, FLORIDA	4. FEI Number 65-112 6031	Applied For Not Applicable
Zip 33146 Country USA Zip 33/	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
		7. Name and Address of Current Regis	stered Agent
DO NOT WRITE	F1.15.4431	KOHEN, ELLI	
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IN THIS SPACE	(1752) 1866 Fig.	MAMI	
	City M	AMI, FL.	FL Zio Code 5
8. The above named entity submits this statement for the purpose of char	nging its registered office or register	ed agent, or both, in the state of Florida.	
SIGNATURE			
Signature, typed or printed name of registered agent and title if applicable,	(NOTE: Registered Agent signature required	when reinstating)	DATE
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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 eath; 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 on an attachment with an address, with all others ike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

JANUARY 2*4,2005* (305) 2

Daytime Phone #