

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

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

02-07-2006 90031 004 ****70.00

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DO NOT WRITE IN THIS SPACE

DOCUMENT # **NO1000003805**

1. Entity Name
**FRIENDS OF PHOTONICS FOR
BIOMEDICINE INCORPORATED**

2. Principal Place of Business **ROOMS 143
156 KNIGHT PHYSICS BLD**

3. Mailing Address **C/O DR. ELLI KOHEN
PRES/FRIENDS OF P**

Suite, Apt. #, etc. **CHEMISTRY ANNEX
NANOMETHOD LABORATORY**

Suite, Apt. #, etc. **9410 SW 53RD STREET**

City & State **1320 CAMP SAIVO
CORAL GABLES, FLORIDA DRIVE**

City & State **MIAMI, FLORIDA**

Zip **33146** Country **USA**

Zip **33165** Country **USA**

4. FEI Number **65-1126031**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

7. Name and Address of Current Registered Agent

Name **KOHEN, ELLI**

Street Address (P.O. Box Number Is Not Acceptable) **9410 SW 53RD STREET**

City **MIAMI, FL** Zip Code **33165**

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE _____

FEE IS \$61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KOHEN, ELLI 9410 SW 53RD STREET MIAMI, FL 33165	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPST HIRSCHBERG, JOSEPH G 1046 ALFONSO AVE CORAL GABLES FL 33146	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LEBLANC, ROGER 713 CRANDON BLVD KEY BISCAYNE FL 33149	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SNAHCHT SCHAHEL, DIETRICH O. INDERVANN 25C 35037 MARBURG, GERMANY	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SANTUS, RENÉ LABORATOIRE DE PHOTOBIOLOGIE MUSEUM NATIONAL D'HISTOIRE NATURELLE 43 RUE CUVIER 75231 PARIS, FR	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D (NEW ADDITION) GROSS EITAN DEPARTMENTS OF GEOLOGY AND PHYSICS, CASE WESTERN RESERVE UN. CLEVELAND, OHIO 44106	TITLE 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)(f), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: **Yll Kohen** JANUARY 24, 2005 (305) 279-3822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #