


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90001 042 ****70.00

DOCUMENT # N37518

1. Entity Name
STEIN GERONTOLOGICAL INSTITUTE, INC.



Principal Place of Business
**5200 NE 2ND AVE
 MIAMI, FL 33137-2706 US**

Mailing Address
**5200 NE 2ND AVE
 MIAMI, FL 33137-2706 US**

40022285



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

01072007 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0289632

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CYPEN, STEPHEN H
 825 ARTHUR GODFREY ROAD
 MIAMI, FL 33130**

7. Name and Address of New Registered Agent

Name **Stephen H. Cypen**

Street Address (P.O. Box Number is Not Acceptable)
777 Arthur Godfrey Road

City **Miami Beach** FL Zip Code **33140**

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 *Stephen H. Cypen* **Stephen H. Cypen** DATE **1.11.07**

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

Filing Fee is \$61.25 Due by May 1, 2007

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	ROBBINS, MARJORIE 10236 W BROADVIEW DRIVE BAY HARBOR ISLANDS, FL 33154	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	BRADY, DANIEL 701 LINCOLN ROAD MIAMI BEACH, FL 33139	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE C/D	MALE, MICHAEL 3250 MARY STREET #303 MIAMI, FL 33133	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D	BECK, HAROLD 700 CORAL WAY CORAL GABLES, FL 33134	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplementary 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 trustee, and I am 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 affidavit with all other like empowered.

SIGNATURE: *Michael Male* **Michael Male** **(305) 443-5600**

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