

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37518

FILED
Jan 07, 2009
Secretary of State

Entity Name: STEIN GERONTOLOGICAL INSTITUTE, INC.

Current Principal Place of Business:

5200 NE 2ND AVE
MIAMI, FL 331372706 US

New Principal Place of Business:

Current Mailing Address:

5200 NE 2ND AVE
MIAMI, FL 331372706 US

New Mailing Address:

FEI Number: 65-0289632

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: ROBBINS, MARJORIE
Address: 10236 W BROADVIEW DRIVE
City-St-Zip: BAY HARBOR ISLANDS, FL 33154

Title: D () Delete
Name: BRADY, DANIEL
Address: 701 LINCOLN ROAD
City-St-Zip: MIAMI BEACH, FL 33139

Title: C/D () Delete
Name: MALE, MICHAEL
Address: 3250 MARY STREET #303
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: BECK, HAROLD
Address: 700 CORAL WAY
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MALE

CHM

01/07/2009

Electronic Signature of Signing Officer or Director

Date