

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37518

FILED  
Jan 06, 2010  
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:**

CYPEN, STEPHEN H  
777 ARTHUR GOLDFREY ROAD  
MIAMI, FL 33140 US

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

01/06/2010

Date

**OFFICERS AND DIRECTORS:**

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: DANIEL BRADY

Electronic Signature of Signing Officer or Director

D

01/06/2010

Date