

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000005523

FILED
Mar 04, 2004
Secretary of State

Entity Name: THE BISCAYNE INSTITUTE, INC.

Current Principal Place of Business:

2503 NE 135TH ST
N MIAMI, FL 33181 US

New Principal Place of Business:

35 NE 49TH STREET
MIAMI, FL 33137 US

Current Mailing Address:

2503 NE 135TH ST
N MIAMI, FL 33181

New Mailing Address:

35 NE 49TH STREET
MIAMI, FL 33137

FEI Number: 65-0578953

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DILLON, MARY E
2503 NE 135TH ST
N MIAMI, FL 33181

Name and Address of New Registered Agent:

GLEMAUD, MARIE J
35 NE 49TH STREET
MIAMI, FL 33137

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: MARIE JOSIE GLEMAUD

03/04/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: RUSH, DOUGLAS MSW
Address: 833 W. 40TH ST
City-St-Zip: MIAMI BEACH, FL 33140

Title: D () Delete
Name: BLUSH, JENNIFER
Address: 833 W. 40TH ST
City-St-Zip: MIAMI BEACH, FL 33140

Title: DP () Delete
Name: GOYES, JOSE PHD
Address: 8260 W. FLAGLER ST
City-St-Zip: MIAMI, FL 33144

Title: BM () Delete
Name: CHERRY, ANDREW L. DSW
Address: 11700 NE 9TH AVE.
City-St-Zip: BISCAYNE PARK, FL

Title: D () Delete
Name: MOREDA, IRENE MSW
Address: 16518 N.E 26TH AVE
City-St-Zip: N. MIAMI BEACH, FL 33160

Title: BM () Delete
Name: AMROINE, LOUW B MD
Address: 1695 NW 9TH AVE
City-St-Zip: MIRAMAR, FL 33136

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: DP (X) Change () Addition
Name: GOYOS, JOSE PHD
Address: 8260 W. FLAGLER ST
City-St-Zip: MIAMI, FL 33144

Title: BM (X) Change () Addition
Name: LATAILLADE, MARIO J ENG
Address: 668 NE 72ND TERR.
City-St-Zip: MIAMI, FL 33138

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

Title: BM (X) Change () Addition
Name: ANTOINE, LOUIS B MD
Address: 1695 NW 9TH AVE
City-St-Zip: MIRAMAR, FL 33136

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARIO J LATAILLADE

VP

03/04/2004

Electronic Signature of Signing Officer or Director

Date