

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

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90081 047 ****61.25

DOCUMENT # *N 99000004719*

1. Entity Name

*FLORIDA INSTITUTE FOR RESEARCH AND PATIENT
SUPPORT*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

229 N. UNIVERSITY DRIVE
Suite, Apt. #, etc.

3. Mailing Address

229 N. UNIVERSITY DRIVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PEMBROKE PINES FL

City & State

PEMBROKE PINES FL

4. FEI Number

65-0948561

Applied For

Not Applicable

Zip

33024

Country

USA

Zip

33024

Country

USA

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

7. Name and Address of Current Registered Agent

Name

COHEN, MITCHELL B MD

Street Address (P.O. Box Number is Not Acceptable)

2295 NORTH UNIVERSITY DRIVE

City

PEMBROKE PINES

FL

Zip Code

33024

**DO NOT WRITE
IN THIS SPACE**

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 *D*
NAME *COHEN, MITCHELL B MD*
STREET ADDRESS *10780 SANTA FE DRIVE*
CITY-ST-ZIP *COOPER CITY FL 33026*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *D*
NAME *SMETS, MICHAEL MD*
STREET ADDRESS *2295 N. UNIVERSITY DRIVE*
CITY-ST-ZIP *PEMBROKE PINES FL 33024*

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE *D*
NAME *GONZALEZ, MANUEL M.D.*
STREET ADDRESS *2295 N. UNIVERSITY DRIVE*
CITY-ST-ZIP *PEMBROKE PINES FL 33024*

TITLE
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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/01)