

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 21, 2008 08:00 A
Secretary of State

DOCUMENT # N99000004719

1. Entity Name
**FLORIDA INSTITUTE FOR RESEARCH AND PATIENT
SUPPORT, INC.**



Principal Place of Business
**2291 NORTH UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024**

Mailing Address
**2291 NORTH UNIVERSITY DRIVE
PEMBROKE PINES, FL 33024**



DO NOT WRITE IN THIS SPACE

01122008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
65-0948561

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**COHEN, MITCHELL B MD
2291 NORTH UNIVERSITY DRIVE
PEMBROKE PINES, FL 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U000000865340
04/07/08-80024-022 150.00

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	D
NAME	SMETS, MICHAEL M.D
STREET ADDRESS	2295 N UNIVERSITY DRIVE
CITY - ST - ZIP	PEMBROKE PINES, FL 33026
TITLE	D
NAME	GONZALEZ, MANUEL M.D
STREET ADDRESS	2295 N UNIVERSITY DRIVE
CITY - ST - ZIP	PEMBROKE PINES, FL 33026
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 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 Block 11 if changed, 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: 3/24/08 Daytime Phone #