

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

0006271

DOCUMENT # N99000004719

1. Entity Name

FLORIDA INSTITUTE FOR RESEARCH AND PATIENT SUPPO
RT, INC.



FILED

03 OCT -6 PM 12:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

2295 NORTH UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

Mailing Address

2295 NORTH UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

2. Principal Place of Business

2291 North University Dr
Suite, Apt. #, etc.

3. Mailing Address

2291 North University Dr
Suite, Apt. #, etc.



RENEW STATEMENT
CHECK HERE IF MAKING CHANGES 03

City & State

Pembroke Pines FL

City & State

Pembroke Pines FL

4. FEI Number 65-0948561

Applied For

Not Applicable

Zip
33024

-Country-

Zip
33024

-Country-

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

COHEN, MITCHELL B MD
2295 NORTH UNIVERSITY DRIVE
PEMBROKE PINES FL 33024

7. Name and Address of New Registered Agent

Name

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

2291 North University Dr

City

Pembroke Pines FL Zip Code
33024

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)

9/24/03
DATE

FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

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

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME 70002354994
STREET ADDRESS 10/03/03--01080--021 **236.25
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE

President 9/24/03

954-963-2157

CR2E037 (4/03)