

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000006424

**FILED**  
**Jan 15, 2020**  
**Secretary of State**  
**0864384026CC**

**Entity Name:** FLIGHT ATTENDANT MEDICAL RESEARCH INSTITUTE, INC.

**Current Principal Place of Business:**

220 ALHAMBRA CIRCLE  
SUITE 610  
CORAL GABLES, FL 33134

**Current Mailing Address:**

220 ALHAMBRA CIRCLE  
SUITE 610  
CORAL GABLES, FL 33134 US

**FEI Number:** 65-1057724

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

ROSENBLATT, STANLEY MPA  
1521 ALTON ROAD  
#936  
MIAMI BEACH, FL 33139 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:** STANLEY M. ROSENBLATT, P.A.

01/15/2020

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title TRUSTEE  
Name BLISSARD, LANI  
Address 4133 PAPU CIRCLE  
City-State-Zip: HONOLULU HI 96816

Title TRUSTEE  
Name RICHARDSON, LEISA  
Address 704 EAST JACKSON ROAD  
City-State-Zip: UNION MS 39365

Title TRUSTEE  
Name YOUNG, PATRICIA  
Address 4910 W. HANOVER AVENUE  
City-State-Zip: DALLAS TX 75209

Title TRUSTEE  
Name OSTROW, JOHN B. ESQ.  
Address 11113 BISCAYNE BLVD.  
JOCKEY CLUB 3 - APT. 451  
City-State-Zip: MIAMI FL 33181

Title CHAIRMAN  
Name ROSENBLATT, STANLEY MESQ  
Address 1521 ALTON ROAD  
#936  
City-State-Zip: MIAMI BEACH FL 33139

Title TRUSTEE  
Name ROSENBLATT, SUSAN ESQ  
Address 1521 ALTON ROAD  
#936  
City-State-Zip: MIAMI BEACH FL 33139

Title TRUSTEE  
Name JEWELL, KATHY A  
Address P. O. BOX 1111  
City-State-Zip: EASTSOUND WA 98245

Title EXECUTIVE DIRECTOR  
Name KRESS, ELIZABETH A.  
Address 220 ALHAMBRA CIRCLE  
SUITE 610  
City-State-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:** ELIZABETH A. KRESS

**EXECUTIVE DIRECTOR**

01/15/2020

Electronic Signature of Signing Officer/Director Detail

Date