

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000010721

**FILED**  
**Jan 28, 2015**  
**Secretary of State**  
**CC4632791219**

**Entity Name:** ETHICAL PRAGMATISM INSTITUTE, INC.

**Current Principal Place of Business:**

50 ALHAMBRA CIRCLE, SUITE 106  
CORAL GABLES, FL 33134

**Current Mailing Address:**

50 ALHAMBRA CIRCLE, SUITE 106  
CORAL GABLES, FL 33134

**FEI Number:** 47-2381066

**Certificate of Status Desired:** No

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

BROD, E. DENNIS  
50 ALHAMBRA CIRCLE, SUITE 106  
CORAL GABLES, FL 33134 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title D/P  
Name BROD, E. DENNIS  
Address 50 ALHAMBRA CIRCLE, SUITE 106  
City-State-Zip: CORAL GABLES FL 33134

Title D, SECRETARY  
Name RAPPAPORT, MELVIN DR.  
Address 12735 SW 77TH COURT  
City-State-Zip: MIAMI FL 33156

Title D, TREASURER  
Name BODIN, PAUL DAVID  
Address 235 CRANDON BOULEVARD, SUITE 3  
City-State-Zip: KEY BISCAYNE FL 33149

Title D, VP  
Name MERTZ, LEWIS J  
Address 6291 BIRD ROAD  
City-State-Zip: MIAMI FL 33155

Title D  
Name FREEMAN, MURRAY  
Address 1800 NE 114TH STREET. #2106  
City-State-Zip: NORTH MIAMI FL 33181

*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:** E. DENNIS BROD

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01/28/2015

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date