FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 26 AM 11:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N27127 (2)

1. Corporation Name
FLORIDA BIOMEDICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
P. O. BOX 971 ORLANDO FL 32802	P. O. BOX 971 ORLANDO FL 32802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/24/1988
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2904766 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22 P.O. Box 536874	Suite, Apt. #, etc. 27 P.O. Box 536874
City & State 23 ORLANDO FL.	City & State 28 ORLANDO FL
Zip / Country 24 32853-6874 / 25	Zip / Country 29 32853-6874 / 30

9. Name and Address of Current Registered Agent

WHITE, ROBERT W., JR.
231 STILLWATER DR.
OVIEDO FL 32765

10. Name and Address of New Registered Agent

31 Name: VAN DER LAAN, CHARLES M.
32 Street Address (P.O. Box Number is Not Acceptable): 17921 NW 81 AV.
33
34 City: HIALEAH FL 35 Zip Code: 33015

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Charles M. Vander Laan — CHARLES M. VANDER LAAN — 4/17/95
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	TD	1.1 TITLE	T/D	☒ Change ☐ Addition
NAME	WHITE, BOB	1.2 NAME	CHARLES VANDERLAAN	
STREET ADDRESS	231 STILLWATER DR.	1.3 STREET ADDRESS	17921 NW 81 AV.	
CITY-ST-ZIP	OVIEDO FL	1.4 CITY-ST-ZIP	HIALEAH FL 33015	
TITLE	PS	2.1 TITLE	D	☒ Change ☐ Addition
NAME	LIBRANDI, DENNIS	2.2 NAME	DENNIS LIBRANDI	
STREET ADDRESS	9846 PORTSIDE DR.	2.3 STREET ADDRESS	9846 PORTSIDE DR.	
CITY-ST-ZIP	SEMINOLE FL	2.4 CITY-ST-ZIP	SEMINOLE FL.	
TITLE	D	3.1 TITLE	V/D	☒ Change ☐ Addition
NAME	LANGE, ARDITH	3.2 NAME	Billie J. Hutson II	
STREET ADDRESS	2740 WAYMEYER	3.3 STREET ADDRESS	1577 HUNTERS STAND RUN	
CITY-ST-ZIP	ORLANDO FL	3.4 CITY-ST-ZIP	OVIEDO FL. 32765	
TITLE	D	4.1 TITLE	P/D	☒ Change ☐ Addition
NAME	MCMURTRIE, FRED	4.2 NAME	FRED MCMURTRIE	
STREET ADDRESS	1625 SE 3 AVE	4.3 STREET ADDRESS	1625 SE 3 AV	
CITY-ST-ZIP	FT LAUDERDALE FL	4.4 CITY-ST-ZIP	FT. LAUDERDALE FL.	
TITLE	SD	5.1 TITLE	S/D	☒ Change ☐ Addition
NAME	DENHAM, DAVID	5.2 NAME	KATHERINE RAMSEY	
STREET ADDRESS	900 NW 17TH ST.	5.3 STREET ADDRESS	7009 LEIGHTON WAY	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	ORLANDO FL 32822	
TITLE	VD	6.1 TITLE	D	☒ Change ☐ Addition
NAME	LONG, SCOTT	6.2 NAME	SCOTT LONG	
STREET ADDRESS	960 DORWINION DR	6.3 STREET ADDRESS	960 DORWINION DR	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	JACKSONVILLE FL.	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles M. Vander Laan — CHARLES M. VAN DER LAAN — 4/17/95 — (305)364-2011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #