

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N27127

1. Entity Name

FLORIDA BIOMEDICAL SOCIETY, INC.

Principal Place of Business

P O BOX 536874
ORLANDO FL 32853-6874
US

Mailing Address

P O BOX 536874
ORLANDO FL 32853-6874
US

2. Principal Place of Business

PO Box 2235

Suite, Apt. #, etc.

3. Mailing Address

SAME AS 2.

Suite, Apt. #, etc.

City & State

STUART, FL 34995-2235

City & State

Zip

34995-2235

Country

US

Zip

Country

4. FEI Number

59-2904766

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DENHAM, DAVID
7251 SW 52ND COURT
MIAMI FL 33143

7. Name and Address of New Registered Agent

Name LOUIS KATCHIS

Street Address (P.O. Box Number is Not Acceptable)
6340 SW 69 AVENUE

City MIAMI

FL

Zip Code 33143

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.

SIGNATURE

[Signature]

LOUIS KATCHIS TREASURER

4/22/01

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DENHAM, DAVID B 900 NW 17TH ST MIAMI FL 33136	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MADEN, BRUCE A 2493 ANDROS LANE FT. LAUDERDALE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD REYES, A. TY 2500 NW 79TH AVE MARGATE FL 33063	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TROSSBACH, JESSICA 1369 SW ALBATROSS WAY PALM CITY FL 34990	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HEIT, JAMES D 20341 MARLIN ST ORLANDO FL 32833	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LOUIS KATCHIS 6340 SW 69 AVENUE MIAMI FL 33143	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THOMAS J. KORYNTA, CBET 1541 SW 119 th TERRACE DAVIE FL 33325-4650	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DELAWARE J. TATE III, CBET 5315 NW 27 th AVENUE GAINESVILLE FL 32606	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] LOUIS KATCHIS

4/22/01

305.663.5005

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)

0028122

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90257 017 *****61.25

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DO NOT WRITE IN THIS SPACE