2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2011
Secretary of State

DOCUMENT# N08379

Entity Name: FLORIDA SOCIETY FOR MICROSCOPY, INC.

Current Principal Place of Business:

UNIVERSITY OF FLORIDA,(MAIC) 107 MEL
P. O. BOX 116400
GAINESVILLE, FL 32611 US

New Principal Place of Business:

Current Mailing Address:

UNIVERSITY OF FLORIDA,(MAIC) 107 MEL
P. O. BOX 116400
GAINESVILLE, FL 32611 US

New Mailing Address:

FEI Number: 59-2440350 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIEBEIN, KERRY N MS.
UNIVERSITY OF FLORIDA ,(MAIC) 107 MEL
P. O. BOX 116400
GAINESVILLE, FL 32611 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: V
Name: DEMPERE, LUISA A DR
Address: UNIVERSITY OF FLORIDA , P. O. BOX 116400
City-St-Zip: GAINESVILLE, FL 32611 US

Title: S/T
Name: SIEBEIN, KERRY
Address: UNIVERSITY OF FLORIDA, P. O. BOX 116400
City-St-Zip: GAINESVILLE, FL 32611 US

Title: D
Name: PRENITZER, BRENDA I DR
Address: 12565 RESEARCH PKWY, SUITE 300
City-St-Zip: ORLANDO, FL 32816 US

Title: P
Name: GRECO, ANTHONY MR
Address: 140 SEVENTH AVENUE S., MSL 119
City-St-Zip: ST. PETERSBURG, FL 33701

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: L. AMELIA DEMPERE DR. 01/18/2011

Electronic Signature of Signing Officer or Director Date