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.

TREASURER

SIGNATURE: ARIELE GALLARDO

I

Electronic Signature of Signing Officer/Director Detail

421 N 21ST AVENUE HOLLYWOOD, FL 33020 **Current Mailing Address:**

Current Principal Place of Business:

421 N 21ST AVENUE HOLLYWOOD, FL 33020

DOCUMENT# N1000009567

FEI Number: 26-3582756

Name and Address of Current Registered Agent:

Entity Name: BIOMEDICAL SCIENCE SOCIETY INC.

GALLARDO, ARIELE 421 N 21ST AVENUE HOLLYWOOD, FL 33020 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:	ARIELE GALLARDO			01/11/2017	
	Electronic Signature of Registered Agent			Date	
Officer/Director Detail :					
Title	PRESIDENT	Title	TREASURER		
Name	ROHNER, CHRISTOPHER	Name	GALLARDO, ARIELE		
Address	421 N 21ST AVENUE	Address	421 N 21ST AVENUE		
City-State-Zip:	HOLLYWOOD FL 33020	City-State-Zip:	HOLLYWOOD FL 33020		

Certificate of Status Desired: No

Secretary of State

CC6934940153

01/11/2017

Date