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: LEILANI LORENZO

DOCUMENT# N1000009567

Entity Name: BIOMEDICAL SCIENCE SOCIETY INC.

Current Principal Place of Business:

421 N 21ST AVENUE HOLLYWOOD, FL 33020

Current Mailing Address:

421 N 21ST AVENUE HOLLYWOOD, FL 33020

FEI Number: 26-3582756

Name and Address of Current Registered Agent:

LORENZO, LEILANI 222 SW 195TH AVE PEMBROKE PINES, FL 33029 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

Officer/Director Detail :

Title	Р	Title	VP
Name	LEWIS, PATRICK	Name	VELEZ, JOSE
Address	10101 WEST BAY HARBOR DR. #9	Address	1455 NE 121ST STREET APT A104
City-State-Zip:	BAY HARBOR ISLANDS FL 33154	City-State-Zip:	NORTH MIAMI FL 33161
Title	ST		
Title Name	ST LORENZO, LEILANI		

Certificate of Status Desired: No

03/06/2013 **BIOMEDICAL SCIENCE** SOCIETY TREASURER

Date

Date

FILED Mar 06, 2013 Secretary of State CC0113624845

Electronic Signature of Signing Officer/Director Detail