

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000006655

**Entity Name:** BIOMEDICAL SCIENCE FOUNDATION INC.

**Current Principal Place of Business:**

232 ANDALUSIA AVE  
SUITE 360  
CORAL GABLES, FL 33134

**Current Mailing Address:**

1000 NW NORTH RIVER DRIVE  
111  
MIAMI, FL 33136 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HIBSHMAN, EDWARD  
232 ANDALUSIA AVE  
SUITE 360  
CORAL GABLES, FL 33134 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

Date

**Officer/Director Detail :**

Title D  
Name HIBSHMAN, EDWARD  
Address 232 ANDALUSIA AVE, STE 360  
City-State-Zip: CORAL GABLES FL 33134

Title P/D  
Name HIBSHMAN, SARAH  
Address 232 ANDALUSIA AVE, STE 360  
City-State-Zip: CORAL GABLES FL 33134

Title D/VP  
Name HIBSHMAN, PHEBE  
Address 232 ANDALUSIA AVE  
City-State-Zip: CORAL GABLES FL 33134

Title D/VP  
Name HIBSHMAN, GRACE  
Address 232 ANDALUSIA AVE, STE 360  
City-State-Zip: CORAL GABLES FL 33134

*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:** EDWARD HIBSHMAN

D

03/03/2021

Electronic Signature of Signing Officer/Director Detail

Date