## 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

Electronic Signature of Signing Officer/Director Detail

# 2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

# DOCUMENT# N2000006655

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**

### 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

#### **Officer/Director Detail :**

Title	D	Title	P/D
Name	HIBSHMAN, EDWARD	Name	HIBSHMAN, SARAH
Address	232 ANDALUSIA AVE, STE 360	Address	232 ANDALUSIA AVE, STE 360
City-State-Zip:	CORAL GABLES FL 33134	City-State-Zip:	CORAL GABLES FL 33134
Title	D/VP	Title	D/VP
Title Name	D/VP HIBSHMAN, PHEBE	Title Name	D/VP HIBSHMAN, GRACE
	2,		

MGR

01/21/2022

Date

# FILED Jan 21, 2022 Secretary of State 2551151257CC

Date

Certificate of Status Desired: No