

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 26 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N27127 (2)

1. Corporation Name

FLORIDA BIOMEDICAL SOCIETY, INC.

Principal Place of Business

Mailing Address

P. O. BOX 971
ORLANDO FL 32802

P. O. BOX 971
ORLANDO FL 32802

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/24/1988

3a. Date of Last Report

05/01/1994

4. FEI Number

59-2904766

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 P.O. Box 536874

27 P.O. Box 536874

23 City & State

28 City & State

23 ORLANDO FL

28 ORLANDO FL

24 Zip

25 Country

29 Zip

30 Country

24 32853-6874

29 32853-6874

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITE, ROBERT W., JR.
231 STILLWATER DR.
OVIEDO FL 32765

81 Name

VAN DER LAAN, CHARLES M.

82 Street Address (P.O. Box Number is Not Acceptable)

17921 NW 81 AV.

83

84 City

HIALEAH

FL

85 Zip Code

33015

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Charles M. VanderLaan

CHARLES M. VANDERLAAN

4/17/95

(Signature typed or printed name of registered agent and title if applicable.)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
TD	WHITE, BOB	231 STILLWATER DR.	OVIEDO FL
PS	LIBRANDI, DENNIS	9846 PORTSIDE DR.	SEMINOLE FL
D	LANGE, ARDITH	2740 WAYMEYER	ORLANDO FL
D	MCURTRE, FRED	1625 SE 3 AVE	FT LAUDERDALE FL
SD	DENHAM, DAVID	900 NW 17TH ST.	MIAMI FL
VD	LONG, SCOTT	960 DORWINION DR	JACKSONVILLE FL

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
T/D	CHARLES VANDERLAAN	17921 NW 81 AV.	HIALEAH FL 33015
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
D	DENNIS LIBRANDI	9846 PORTSIDE DR.	SEMINOLE FL
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
V/D	BILLIE J. HUTSON II	1577 HUNTERS STAND RUN	OVIEDO FL 32765
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
P/D	FRED MCMURTRE	1625 SE 3 AV	FT. LAUDERDALE FL
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
S/D	KATHERINE RAMSEY	7009 LEIGHTON WAY	ORLANDO FL 32822
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP
D	SCOTT LONG	960 DORWINION DR	JACKSONVILLE FL

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Charles M. VanderLaan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES M. VANDERLAAN

4/17/95 (305)364-2411

Date

Daytime Phone #