

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

DOCUMENT # **N27127** (2)

1. Corporation Name

**FLORIDA BIOMEDICAL SOCIETY, INC.**

Principal Place of Business

Mailing Address

P O BOX 536874  
ORLANDO FL 32853-6874  
US

P O BOX 536874  
ORLANDO FL 32853-6874  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/24/1988</b>		3a. Date of Last Report <b>04/26/1995</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-2904766</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>VANDERLAAN, CHARLES M</b> <b>17921 NW 81 AVE</b> <b>HIALEAH FL 33015</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VANDERLAAN, CHARLES</b>	1.2 NAME	
STREET ADDRESS	<b>17921 NW 81 AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL</b>	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<b>V/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LIBRANDI, DENNIS</b>	2.2 NAME	<b>MADEN, BRUCE A.</b>
STREET ADDRESS	<b>9846 PORTSIDE DR.</b>	2.3 STREET ADDRESS	<b>2493 ANDROS LANE</b>
CITY-ST-ZIP	<b>SEMINOLE FL</b>	2.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL. 33312</b>
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<b>P/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HUTSON, BILLIE J II</b>	3.2 NAME	
STREET ADDRESS	<b>1577 HUNTERS STAND RUN</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OMIEDO FL</b>	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MCMURTRIE, FRED</b>	4.2 NAME	
STREET ADDRESS	<b>1625 SE 3 AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL</b>	4.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<b>S/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>RAMSEY, KATHERINE</b>	5.2 NAME	<b>BANDY, J. TODD</b>
STREET ADDRESS	<b>7009 LEIGHTON WAY</b>	5.3 STREET ADDRESS	<b>3120 S.W. 20TH CT.</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>	5.4 CITY-ST-ZIP	<b>FT. LAUDERDALE, FL. 33312</b>
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LONG, SCOTT</b>	6.2 NAME	
STREET ADDRESS	<b>960 DORWINION DR</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	6.4 CITY-ST-ZIP	

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**CHARLES VANDERLAAN**

Date

**2/29/96 (305) 384-2191**

Daytime Phone #

CR2E037 (12/95)