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Mar 26 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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
USP O BOX 536874
ORLANDO FL 32853-6874
US3. Date Incorporated or Qualified
06/24/19883a. Date of Last Report
03/07/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2904766

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

VANDERLAAN, CHARLES M
17921 NW 81 AV
HIALEAH FL 33015

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD ☐ DELETE
NAME VANDERLAAN, CHARLES
STREET ADDRESS 17921 NW 81 AVE
CITY-ST-ZIP HIALEAH FL1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIPTITLE VD ☐ DELETE
NAME MADEN, BRUCE A
STREET ADDRESS 2493 ANDROS LANE
CITY-ST-ZIP FT. LAUDERDALE FL2.1 TITLE P, D ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIPTITLE PD ☐ DELETE
NAME HUTSON, BILLIE J II
STREET ADDRESS 1577 HUNTERS STAND RUN
CITY-ST-ZIP OVIEDO FL3.1 TITLE D ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIPTITLE D ☒ DELETE
NAME MCMURTRIE, FRED
STREET ADDRESS 1625 SE 3 AVE
CITY-ST-ZIP FT LAUDERDALE FL4.1 TITLE V, D ☐ Change ☒ Addition
4.2 NAME DAVID HARTSON
4.3 STREET ADDRESS 700 WOODLAWN DR.
4.4 CITY-ST-ZIP Winter Springs, FL 32708TITLE SD ☒ DELETE
NAME BANDY, J T
STREET ADDRESS 3120 SW 20TH COURT
CITY-ST-ZIP FT. LAUDERDALE FL5.1 TITLE S, D ☐ Change ☒ Addition
5.2 NAME MARY FRENSELY
5.3 STREET ADDRESS 887 PINE RIDGE DR.
5.4 CITY-ST-ZIP PLANTATION, FL 33317TITLE D ☒ DELETE
NAME LONG, SCOTT
STREET ADDRESS 960 DORWINION DR
CITY-ST-ZIP JACKSONVILLE FL6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Vanderlaan

Date

3-18-97

Daytime Phone # 0017929

(305) 364-2191

CR2E037 (9/96)