

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N27127

1. Corporation Name

FLORIDA BIOMEDICAL SOCIETY, INC.

Principal Place of Business

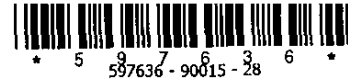
P O BOX 536874  
ORLANDO FL 32853-6874  
US

Mailing Address

P O BOX 536874  
ORLANDO FL 32853-6874  
US

FILED  
Jul 28, 1999 8:00 am  
Secretary of State

07-28-1999 90015 028 \*\*\*\*61.25



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

06/24/1988

4. FEI Number

59-2904766

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

VANDERLAAN, CHARLES M  
17921 NW 81 AV  
HIALEAH FL 33015

10. Name and Address of New Registered Agent

81 Name

DAVID B. DENHAM

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

900 N.W. 17<sup>TH</sup> STREET

83

84 City

MIAMI

FL

85 Zip Code

33136

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

*David B. Denham*  
Signature, typed or printed name of registered agent and title if applicable.

*David B. Denham*  
(NOTE: Registered Agent signature required when reinstating)

DATE

7/24/99

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
VANDERLAAN, CHARLES  
17921 NW 81 AVE  
HIALEAH FL  
☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MADEN, BRUCE A  
2493 ANDROS LANE  
FT. LAUDERDALE FL  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HUTSON, BILLIE J II  
1577 HUNTERS STAND RUN  
OVIEDO FL  
☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PD  
TROSSBACH, JESSICA  
1369 SW ALBATROSS WAY  
PALM CITY FL 34990  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
SCHNOOR, PATRICIA  
15645 S W 123RD AVE  
MIAMI FL 33177  
☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
T/D  
DAVID B. DENHAM  
900 NW 17<sup>TH</sup> STREET  
MIAMI FL 33136  
☐ Change ☒ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
V/D  
A. TY REYES  
2500 NW 79<sup>TH</sup> AV.  
MARGATE FL 33063  
☐ Change ☒ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
S/D  
JAMES D. HEIT  
20341 MARLIN ST.  
ORLANDO FL 32833  
☐ Change ☒ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

*Jessica Trossbach*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jessica Trossbach* 7/24/99 561-220-4925

Date

Daytime Phone #

CR2E037 (5/99)