

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 27, 2002 8:00 am**  
**Secretary of State**

05-27-2002 90457 028 \*\*\*\*61.25

**DOCUMENT # N27127**

1. Entity Name

**FLORIDA BIOMEDICAL SOCIETY, INC.**

Principal Place of Business

Mailing Address

**PO BOX 2235  
 STUART FL 34995-2235  
 US**

**PO BOX 2235  
 STUART FL 34995-2235  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2904766**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KATCHIS, LOUIS  
 6340 SW 69 AVE  
 MIAMI FL 33143**

Name

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

City

**FL**

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **TD** ☐ Delete  
 NAME **KATCHIS, LOUIS**  
 STREET ADDRESS **6340 SW 69 AVE**  
 CITY-ST-ZIP **MIAMI FL 33143**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **PD** ☐ Delete  
 NAME **KORYNTA, THOMAS J CBET**  
 STREET ADDRESS **1541 SW 119 TERRACE**  
 CITY-ST-ZIP **DAVIE FL 33325-4650**

TITLE **D** ☒ Change ☐ Addition  
 NAME ☒ Change ☐ Addition  
 STREET ADDRESS ☒ Change ☐ Addition  
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE **D** ☐ Delete  
 NAME **TATE, DELAWARE J III**  
 STREET ADDRESS **5315 NW 27TH AVE**  
 CITY-ST-ZIP **GAINESVILLE FL 32606**

TITLE **PD** ☒ Change ☐ Addition  
 NAME ☒ Change ☐ Addition  
 STREET ADDRESS ☒ Change ☐ Addition  
 CITY-ST-ZIP ☒ Change ☐ Addition

TITLE **SD** ☐ Delete  
 NAME **TROSSBACH, JESSICA**  
 STREET ADDRESS **1369 SW ALBATROSS WAY**  
 CITY-ST-ZIP **PALM CITY FL 34990**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE **SD** ☒ Delete  
 NAME **HEIT, JAMES D**  
 STREET ADDRESS **20341 MARLIN ST**  
 CITY-ST-ZIP **ORLANDO FL 32833**

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ Delete  
 NAME ☐ Delete  
 STREET ADDRESS ☐ Delete  
 CITY-ST-ZIP ☐ Delete

TITLE ☐ Change ☐ Addition  
 NAME ☐ Change ☐ Addition  
 STREET ADDRESS ☐ Change ☐ Addition  
 CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED KATCHIS**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/02**  
 Date

**305 662 2172**  
 Daytime Phone #

CR2E037 (9/01)