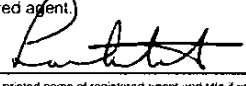
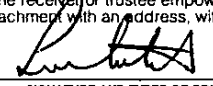


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90123 030 ****61.25

DOCUMENT # N27127 1. Entity Name FLORIDA BIOMEDICAL SOCIETY, INC.					
Principal Place of Business PO BOX 2235 STUART, FL 34995-2235 US				Mailing Address PO BOX 2235 STUART, FL 34995-2235 US	
2. Principal Place of Business PO Box 43-0038		3. Mailing Address PO Box 43-0038			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 		02052006 Chg-NP CR2E037 (11/05)	
City & State MIAMI FL		City & State MIAMI FL		4. FEI Number 59-2904766	
Zip 33243-0838		Country USA		Applied For ☐ Not Applicable	
Zip 33243-0838		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent KATCHIS, LOUIS 6340 SW 69 AVE MIAMI, FL 33143				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. 2/5/06 DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KATCHIS, LOUIS 6340 SW 69 AVE MIAMI, FL 33143 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TROSSBACH, JESSICA 1369 SW ALBATROSS WAY PALM CITY, FL 34990 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOWLES, JAMES 4519 AMBLEWOOD CT. PACE, FL 32571 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, ERNEST 7032 REDONDO DRIVE PENSACOLA, FL 32526 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CHONG, VICTOR W 16140 SW 88 AVENUE MIAMI, FL 33157 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☒ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  LOUIS KATCHIS TREASURER 2/5/06 786-662-5008 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					