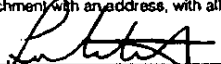


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

03-19-2007 90055 046 ****61.25

DOCUMENT # N27127 1. Entity Name FLORIDA BIOMEDICAL SOCIETY, INC.					
Principal Place of Business POB 43-0838 MIAMI, FL 33243-0838 US			Mailing Address POB 43-0838 MIAMI, FL 33243-0838 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2904766	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
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 (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		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		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		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		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D CHONG, VICTOR W 18140 SW 88 AVENUE MIAMI, FL 33157		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ 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			3/8/07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
786 662 5005			Daytime Phone #		

66008430



01222007 Chg-NP GR2E037 (12/06)

4. FEI Number
59-2904766

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2007

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

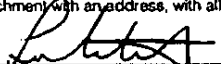
10. OFFICERS AND DIRECTORS

TITLE	TD	☐ Delete
NAME	KATCHIS, LOUIS	
STREET ADDRESS	6340 SW 69 AVE	
CITY- ST- ZIP	MIAMI, FL 33143	
TITLE	D	☐ Delete
NAME	BOWLES, JAMES	
STREET ADDRESS	4519 AMBLEWOOD CT.	
CITY- ST- ZIP	PACE, FL 32571	
TITLE	D	☐ Delete
NAME	MARTINEZ, ERNEST	
STREET ADDRESS	7032 REDONDO DRIVE	
CITY- ST- ZIP	PENSACOLA, FL 32526	
TITLE	D	☐ Delete
NAME	CHONG, VICTOR W	
STREET ADDRESS	18140 SW 88 AVENUE	
CITY- ST- ZIP	MIAMI, FL 33157	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PRESIDENT	☐ Change ☐ Addition
NAME	JR. RICHARDSON	
STREET ADDRESS	1106 VINE TREE DRIVE	
CITY- ST- ZIP	BRANDON FL 33510	
TITLE		☐ Change ☒ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

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

3/8/07
Date

786 662 5005
Daytime Phone #