

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27127

FILED
Apr 16, 2009
Secretary of State

Entity Name: FLORIDA BIOMEDICAL SOCIETY, INC.

Current Principal Place of Business:

6340 SW 69TH AVENUE
MIAMI, FL 33143 US

New Principal Place of Business:

Current Mailing Address:

POB43-0838
S. MIAMI, FL 332430838

New Mailing Address:

FEI Number: 59-2904766

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: KATCHIS, LOUIS
Address: 6340 SW 69 AVE
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: BOWLES, JAMES
Address: 4519 AMBLEWOOD CT.
City-St-Zip: PACE, FL 32571

Title: D () Delete
Name: MARTINEZ, ERNEST
Address: 7032 REDONDO DRIVE
City-St-Zip: PENSACOLA, FL 32526

Title: D () Delete
Name: CHONG, VICTOR W
Address: 16140 SW 88 AVENUE
City-St-Zip: MIAMI, FL 33157

Title: D () Delete
Name: RICHARDSON, JR
Address: 1106 VINETREE DRIVE
City-St-Zip: BRANDON, FL 33510

Title: P () Delete
Name: MCGUIRE, BRUCE
Address: 8405 NW 29TH STREET
City-St-Zip: MIAMI, FL 33122

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: HASCUP, BILL
Address: 3488 HICKORY LANDING CT.
City-St-Zip: JACKSONVILLE, FL 32226

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MCGUIRE, BRUCE
Address: 8405 NW 29TH STREET
City-St-Zip: MIAMI, FL 33122

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS KATCHIS

TD

04/16/2009

Electronic Signature of Signing Officer or Director

Date