

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16000007411

Entity Name: INSTITUTE OF CRUISE SHIP MEDICINE INC.

Current Principal Place of Business:

1041 NE 204TH TERRACE
MIAMI, FL 33179

Current Mailing Address:

1041 NE 204TH TERRACE
MIAMI, FL 33179 US

FEI Number: 81-3425034

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, STEVE
1041 NE 204TH TERRACE
MIAMI, FL 33179 US

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

Officer/Director Detail :

Title PD
Name WILLIAMS, STEVE
Address 1041 NE 204TH TERRACE
City-State-Zip: MIAMI FL 33179

Title TD
Name WILLIAMS, STEVE
Address 1041 NE 204TH TERRACE
City-State-Zip: MIAMI FL 33179

Title SD
Name CAPRIO, JOHN
Address 1041 NE 204TH TERRACE
City-State-Zip: MIAMI FL 33179

Title D
Name FIX, SHAUN
Address 1041 NE 204TH TERRACE
City-State-Zip: MIAMI FL 33179

I hereby 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 all other like empowered.

SIGNATURE: STEVE WILLIAMS

REGISTERED AGENT

03/14/2017

Electronic Signature of Signing Officer/Director Detail

Date