

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17000005896

**Entity Name:** CENTRAL FLORIDA BIOMEDICAL INSTRUMENTATION SOCIETY CORP.

**FILED**  
**Apr 06, 2023**  
**Secretary of State**  
**0007055924CC**

**Current Principal Place of Business:**

103 W CYPRESS ST  
DAVENPORT, FL 33837

**Current Mailing Address:**

103 W CYPRESS ST  
DAVENPORT, FL 33837 US

**FEI Number: 82-1749164**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

VAZQUEZ, JENNIFER A  
103 W CYPRESS ST  
DAVENPORT, FL 33837 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:** JENNIFER VAZQUEZ

04/06/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            DOWNS, RICHARD  
Address        4119 THAMES CIRCLE  
City-State-Zip: FORT MILL SC 29715

Title            VP  
Name            RODRIGUEZ, LUIS  
Address        13351 SHADY HOLLOW LOOP  
City-State-Zip: CLERMONT FL 34711

Title            OTHER  
Name            WELLS, BRUCE  
Address        1209 SUNSHINE TREE BLVD  
City-State-Zip: LONGWOOD FL 32779

Title            SECRETARY  
Name            DAVIS, JEN  
Address        2909 NEW HOPE RD  
City-State-Zip: HENDERSONVILLE TN 37075

*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:** JENNIFER VAZQUEZ

**AUTHORIZATION**  
**MANAGER**

04/06/2023

Electronic Signature of Signing Officer/Director Detail

Date