

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27127

Entity Name: FLORIDA BIOMEDICAL SOCIETY, INC.**Current Principal Place of Business:**6340 SW 69TH AVENUE
MIAMI, FL 33143**Current Mailing Address:**POB 43-0838
S. MIAMI, FL 33243-0838**FEI Number:** 59-2904766**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KATCHIS, LOUIS
6340 SW 69 AVE
MIAMI, FL 33143 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 TREASURER, DIRECTOR
Name KATCHIS, LOUIS
Address 6340 SW 69 AVE
City-State-Zip: MIAMI FL 33143

Title DIRECTOR
Name BOWLES, JAMES
Address 4519 AMBLEWOOD CT.
City-State-Zip: PACE FL 32571

Title DIRECTOR
Name MARTINEZ, ERNEST
Address 7032 REDONDO DRIVE
City-State-Zip: PENSACOLA FL 32526

Title DIRECTOR
Name HASCUP, BILL
Address 3488 HICKORY LANDING CT.
City-State-Zip: JACKSONVILLE FL 32226

Title DIRECTOR
Name ALVENUS, JOHN
Address 4107 SW77 STREET
City-State-Zip: GAINESVILLE FL 32608

Title PRESIDENT, DIRECTOR
Name MCMURTRIE, FRED
Address 514 SW 8TH STREET
City-State-Zip: FT. LAUDERDALE FL 33315

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: LOUIS KATCHIS**TREASURER****04/29/2013**_____
Electronic Signature of Signing Officer/Director Detail_____
Date