

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N27127

Entity Name: FLORIDA BIOMEDICAL SOCIETY, INC.**Current Principal Place of Business:**10601 SW 79TH TERRACE
MIAMI, FL 33173**Current Mailing Address:**PO BOX 83-1091
MIAMI, FL 33283-1091 US**FEI Number: 59-2904766****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**KATCHIS, LOUIS
10601 SW 79TH TERRACE
MIAMI, FL 33173 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 10601 SW 79TH TERRACE
City-State-Zip: MIAMI FL 33173

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

Title PRESIDENT, DIRECTOR
Name ALVENUS, JOHN
Address 5510 SW 41ST BLVD.
 206
City-State-Zip: GAINESVILLE FL 32608

Title DIRECTOR
Name BRANTLEY, AMY
Address 5365 SOUNDSIDE DRIVE
City-State-Zip: GULF BREEZE FL 32563

Title DIRECTOR
Name MORRIS, RICHARD
Address 990 NW 69TH AVENUE
City-State-Zip: MARGATE FL 33063-3447

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****02/13/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date