

2021 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	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	PRESIDENT, 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, DIRECTOR** 01/13/2021_____
Electronic Signature of Signing Officer/Director Detail_____
Date