

2014 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 HASCUP, BILL

Address 3488 HICKORY LANDING CT.

City-State-Zip: JACKSONVILLE FL 32226

Title PRESIDENT, DIRECTOR

Name ALVENUS, JOHN

Address 4107 SW77 STREET

City-State-Zip: GAINESVILLE FL 32608

Title 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

02/27/2014

Electronic Signature of Signing Officer/Director Detail

Date