

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P20811 (6)

1. Corporation Name

PODIATRIC RISK MANAGEMENT SOCIETY INC.



Principal Place of Business

3401 E. SAGINAW, SUITE 216
LANSING MI 48912

Mailing Address

3401 E. SAGINAW, SUITE 216
LANSING MI 48912

3. Date Incorporated or Qualified
09/09/1988

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 2111 University Park Drive

26 2111 University Park Drive

4. FEI Number
38-2189845

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 800

27 Suite 800

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

City & State

City & State

23 Okemos, MI

28 Okemos, MI

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

Zip
24 48864

Country
25 USA

Zip
29 48864

Country
30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FISCHMAN, DR. EDWARD H
9123 N MILITARY TR
PALM BCH GRDNS FL 33410

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE PD
NAME KETAI, DONALD
STREET ADDRESS 3976 DIX
CITY-ST-ZIP LINCOLN PARK MI

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE SD
NAME LEDERMAN, ROBERT
STREET ADDRESS 31519 GRATIOT AVE.
CITY-ST-ZIP ROSEVILLE MI

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME SCHURMAN, GARY
STREET ADDRESS 21380 GREENFIELD
CITY-ST-ZIP OAK PARK MI

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME JOHNSON, DOUGLAS
STREET ADDRESS 505 N. CLIPPER ST.
CITY-ST-ZIP LANSING MI

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME ROSENFELD, SANFORD
STREET ADDRESS 2031 WEST ROAD
CITY-ST-ZIP TRENTON MI

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D
NAME GLICKMAN, STEVEN
STREET ADDRESS 4770 ROCHESTER RD
CITY-ST-ZIP TROY MI

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

D. Johnson

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)