


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # P20811 (6)**  
1. Corporation Name  
**PODIATRIC RISK MANAGEMENT SOCIETY INC.**



Principal Place of Business <b>211 UNIVERSITY PARK DRIVE, SUITE 800 OKEMOS MI 48864 US</b>	Mailing Address <b>2111 UNIVERSITY PARK DRIVE, 800 OKEMOS MI 48864-5955 US</b>
---	---

3. Date Incorporated or Qualified <b>09/09/1988</b>	3a. Date of Last Report <b>06/24/1996</b>
4. FEI Number <b>38-2189845</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

**9. Name and Address of Current Registered Agent**

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

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KETAI, DONALD</b>	1.2 NAME	
STREET ADDRESS	<b>3976 DIX</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LINCOLN PARK MI</b>	1.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEDERMAN, ROBERT</b>	2.2 NAME	
STREET ADDRESS	<b>31519 GRATIOT AVE.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ROSEVILLE MI</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHURMAN, GARY</b>	3.2 NAME	
STREET ADDRESS	<b>21380 GREENFIELD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OAK PARK MI</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JOHNSON, DOUGLAS</b>	4.2 NAME	
STREET ADDRESS	<b>505 N. CLIPPER ST.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LANSING MI</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROSENFELD, SANFORD</b>	5.2 NAME	
STREET ADDRESS	<b>2031 WEST ROAD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TRENTON MI</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLICKMAN, STEVEN</b>	6.2 NAME	
STREET ADDRESS	<b>4770 ROCHESTER RD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TROY MI</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, changed, or in an attachment with an address.

CF2E037 (9/96)