

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 # P33185 (0)
1. Corporation Name
AMERICAN SOCIETY OF PODIATRIC MEDICINE, INC.



Principal Place of Business

7331 COLLINS AVE
MIAMI BEACH FL 33141
US

Mailing Address

7331 COLLINS AVE
MIAMI BEACH FL 33141
US

3. Date Incorporated or Qualified
03/18/1991

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
22-2403001

Applied For
Not Applicable

5. Certificate of Status Desired

☒ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

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

**SIMMONDS, WARREN L DPM
7331 COLLINS AVE
MIAMI BEACH FL 33141**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **HELFAND, ARTHUR DPM**

STREET ADDRESS **9 HANSEN CT.**

CITY-ST-ZIP **NARBERTH PA**

TITLE **V** ☐ DELETE

NAME **GEORGE, DAVID D.**

STREET ADDRESS **175 MAIN ST.**

CITY-ST-ZIP **PERTH AMBOY NJ**

TITLE **VP** ☐ DELETE

NAME **BOXER, MYRON C DPM**

STREET ADDRESS **2 WOODMERE BLVD S.**

CITY-ST-ZIP **WOODMERE NY 11508**

TITLE **STD** ☐ DELETE

NAME **SIMMONDS, WARREN L., DPM**

STREET ADDRESS **7331 COLLINS AVE**

CITY-ST-ZIP **MIAMI BEACH FL**

TITLE **D** ☐ DELETE

NAME **LEVY, LEONARD D PM**

STREET ADDRESS **1210 SCOTT ST.**

CITY-ST-ZIP **SAN FRANCISCO CA 94115-4009**

TITLE **D** ☐ DELETE

NAME **UELLE, ELLIOT T**

STREET ADDRESS **120 BETHPAGE RD.**

CITY-ST-ZIP **HICKSVILLE NY 11801-1515**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P

**DAVID H. GEORGE, DPM
313 State Street
Perth Amboy, NJ 08861**

V

**MYRON BOXER, DPM
2 Woodmere Blvd. South
Woodmere, NY 11598-1729**

VP

**ROBERT MARCUS, DPM
185 Seder Lane,
Teaneck, NJ 07666**

STD

**WARREN L. SIMMONDS, DPM
7331 Collins Avenue
Miami Beach, FL 33141**

D

**LEONARD LEVY, DPM
1210 Scott Street
San Francisco, CA 94115-4009**

D

**ELLIOT UDELL, DPM
120 Beth page Rd
Hicksville, NY 11801-1515**

SIGNATURE:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/11/96

Date

305/866-9608

Daytime Phone #

CR2E037 (12/95)