

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 Mailing Address
7331 COLLINS AVE **7331 COLLINS AVE**
MIAMI BEACH FL 33141 **MIAMI BEACH FL 33141**
US **US**

3. Date Incorporated or Qualified **03/18/1991** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		22-2403001		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		24		25	
Zip		Country		29		30	

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 <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELFAND, ARTHUR DPM	1.2 NAME	DAVID H. GEORGE, DPM
STREET ADDRESS	9 HANSEN CT.	1.3 STREET ADDRESS	313 State Street
CITY-ST-ZIP	NARBERTH PA	1.4 CITY-ST-ZIP	Perth Amboy, NJ 08861
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE, DAVID D.	2.2 NAME	MYRON BOXER, DPM
STREET ADDRESS	175 MAIN ST.	2.3 STREET ADDRESS	2 Woodmere Blvd. South
CITY-ST-ZIP	PERTH AMBOY NJ	2.4 CITY-ST-ZIP	Woodmere, NY 11598-1729
TITLE	VP <input type="checkbox"/> DELETE	3.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOXER, MYRON C DPM	3.2 NAME	ROBERT MARCUS, DPM
STREET ADDRESS	2 WOODMERE BLVD S.	3.3 STREET ADDRESS	185 Seder Lane,
CITY-ST-ZIP	WOODMERE NY 11598	3.4 CITY-ST-ZIP	Teaneck, NJ 07666
TITLE	STD <input type="checkbox"/> DELETE	4.1 TITLE	STD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMMONDS, WARREN L., DPM	4.2 NAME	WARREN L. SIMMONDS, DPM
STREET ADDRESS	7331 COLLINS AVE	4.3 STREET ADDRESS	7331 Collins Avenue
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	Miami Beach, FL 33141
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEVY, LEONARD D PM	5.2 NAME	LEONARD LEVY, DPM
STREET ADDRESS	1210 SCOTT ST.	5.3 STREET ADDRESS	1210 Scott Street
CITY-ST-ZIP	SAN FRANCISCO CA 94115-4009	5.4 CITY-ST-ZIP	San Francisco, CA 94115-4009
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	UDELL, ELLIOT T	6.2 NAME	ELIOT UDELL, DPM
STREET ADDRESS	120 BETHPAGE RD.	6.3 STREET ADDRESS	120 Beth page Rd
CITY-ST-ZIP	HICKSVILLE NY 11801-1515	6.4 CITY-ST-ZIP	Hicksville, NY 11801-1515

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

04/11/96

305/866-9608

Date

Daytime Phone #

CR2E037 (12/95)