

FILE NOW: FILING FEE IS \$61.25

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Apr 28 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
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**DOCUMENT # P33185 (0)**

1. Corporation Name  
**AMERICAN SOCIETY OF PODIATRIC MEDICINE, INC.**



Principal Place of Business <b>7331 COLLINS AVE MIAMI BEACH FL 33141 US</b>	Mailing Address <b>7331 COLLINS AVE MIAMI BEACH FL 33141-2711 US</b>
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3. Date Incorporated or Qualified <b>03/18/1991</b>	3a. Date of Last Report <b>04/17/1996</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
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4. FEI Number <b>22-2403001</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
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 \_\_\_\_\_ DATE **04/17/97**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>DAVID H. GEORGE, DPM</b>	
STREET ADDRESS	<b>313 STATE STREET</b>	
CITY-ST-ZIP	<b>PERTH AMBOY NJ</b>	
TITLE	<b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>MYRON BOXER, DPM</b>	
STREET ADDRESS	<b>2 WOODMERE BLVD. SOUTH</b>	
CITY-ST-ZIP	<b>WOODMERE NY</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ROBERT MARCUS, DPM</b>	
STREET ADDRESS	<b>185 SEDAR LANE</b>	
CITY-ST-ZIP	<b>TEANECK NJ</b>	
TITLE	<b>STD</b>	<input type="checkbox"/> DELETE
NAME	<b>SIMMONDS, WARREN L., DPM</b>	
STREET ADDRESS	<b>7331 COLLINS AVE</b>	
CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LEVY, LEONARD D PM</b>	
STREET ADDRESS	<b>1210 SCOTT ST.</b>	
CITY-ST-ZIP	<b>SAN FRANCISCO CA 94115-4009</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>UELLE, ELLIOT T</b>	
STREET ADDRESS	<b>120 BETHPAGE RD.</b>	
CITY-ST-ZIP	<b>HICKSVILLE NY 11801-1515</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P.</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MYRON BOXER, DPM</b>	
1.3 STREET ADDRESS	<b>2 WOODMERE BLVD. SOUTH</b>	
1.4 CITY-ST-ZIP	<b>WOODMERE, NY 11598-1729</b>	
2.1 TITLE	<b>V</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>ROBERT MARCUS, DPM</b>	
2.3 STREET ADDRESS	<b>185 SEDAR LANE</b>	
2.4 CITY-ST-ZIP	<b>TEANECK, NJ</b>	
3.1 TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>ELLIOT UDELL, DPM</b>	
3.3 STREET ADDRESS	<b>120 BETHPAGE RD</b>	
3.4 CITY-ST-ZIP	<b>HICKSVILLE, NY 11801</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>DAVID GEORGE, DPM</b>	
6.3 STREET ADDRESS	<b>313 STATE STREET</b>	
6.4 CITY-ST-ZIP	<b>PERTH AMBOY, NJ 08861</b>	

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 if changed, or on an attachment with an address.

SIGNATURE \_\_\_\_\_ DATE **04/17/97** 305/866-9608

CR2E037 (9/96)