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FILED  
Apr 27 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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  
MIAMI BEACH FL 33141  
US

7331 COLLINS AVE  
MIAMI BEACH FL 33141  
US

3. Date Incorporated or Qualified

03/18/1991

4. FEI Number

22-2403001

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ 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  
NAME MYRON, BOXWE DPM  
STREET ADDRESS 2 WOODMERE BLVD. SOUTH  
CITY-ST-ZIP WOODMERE NY

☐ DELETE

TITLE V  
NAME MARCUS, ROBERT  
STREET ADDRESS 185 SEDAR LANE  
CITY-ST-ZIP TEANECK NJ

☐ DELETE

TITLE VP  
NAME UDELL, ELLIOT  
STREET ADDRESS 120 BETHPAGE ROAD  
CITY-ST-ZIP HICKSVILLE NY

☐ DELETE

TITLE STD  
NAME SIMMONDS, WARREN L., DPM  
STREET ADDRESS 7331 COLLINS AVE  
CITY-ST-ZIP MIAMI BEACH FL

☐ DELETE

TITLE D  
NAME LEVY, LEONARD D PM  
STREET ADDRESS 1210 SCOTT ST.  
CITY-ST-ZIP SAN FRANCISCO CA 94115-4009

☐ DELETE

TITLE D  
NAME GEORGE, DAVID DPM  
STREET ADDRESS 313 STATEA STREET  
CITY-ST-ZIP PERTH AMBOY NJ

☐ DELETE

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

14. I 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:

*[Signature]*

04/16/1998

305/866-9608

CR2E037 (10/97)