



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2007 8:00 am
Secretary of State

02-26-2007 90071 030 ****70.00

DOCUMENT # P33185 1. Entity Name AMERICAN SOCIETY OF PODIATRIC MEDICINE, INC.					
Principal Place of Business 1111 KANE CONCOURSE STE 111 BAY HARBOR, FL 33154 US			Mailing Address 1111 KANE CONCOURSE STE 111 BAY HARBOR, FL 33154 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 22-2403001	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SIMMONDS, WARREN L DPM 1111 KANE CONCOURSE STE 111 BAY HARBOR, FL 33154			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	UDELL, ELIOITT DPM		NAME		
STREET ADDRESS	120 BETHPAGE ROAD		STREET ADDRESS		
CITY-ST-ZIP	HICKSVILLE, NY 11801		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HERTZBERG, ABRAHAM DPM		NAME		
STREET ADDRESS	300 FRANKLIN AVENUE		STREET ADDRESS		
CITY-ST-ZIP	VALLEY STREAM, NY 11580		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMMONDS, WARREN L., DPM		NAME		
STREET ADDRESS	1111 KANE CONCOURSE #111		STREET ADDRESS		
CITY-ST-ZIP	BAY HARBOR, FL 33154		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOXER, MIRON DPM		NAME		
STREET ADDRESS	2 WOODMERE BLVD. SOUTH		STREET ADDRESS		
CITY-ST-ZIP	WOODMERE, FL 11598		CITY-ST-ZIP	WOODMERE, NY 11598	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GEORGE, DAVID DPM		NAME		
STREET ADDRESS	313 STATEA STREET		STREET ADDRESS		
CITY-ST-ZIP	PERTH AMBOY, NJ		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARCUS, ROBERT DPM		NAME		
STREET ADDRESS	185 SEDAR LANE		STREET ADDRESS	185 CEDAR LANE	
CITY-ST-ZIP	TEANECK, NJ 07666		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			Date: 2-16-07 (305) 866-9608		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					