

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90040 013 *****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**

60025064



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

04112008 Chg-NP CR2E037 (12/06)

4. FEI Number
22-2403001

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SIMMONDS, WARREN L DPM
1111 KANE CONCOURSE STE 111
BAY HARBOR, FL 33154**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
NAME **UDELL, ELIOITT DPM**
STREET ADDRESS **120 BETHPAGE ROAD**
CITY-ST-ZIP **HICKSVILLE, NY 11801**

TITLE **V** ☐ Delete
NAME **HERTZBERG, ABRAHAM DPM**
STREET ADDRESS **300 FRANKLIN AVENUE**
CITY-ST-ZIP **VALLEY STREAM, NY 11580**

TITLE **STD** ☐ Delete
NAME **SIMMONDS, WARREN L., DPM**
STREET ADDRESS **1111 KANE CONCOURSE #111**
CITY-ST-ZIP **BAY HARBOR, FL 33154**

TITLE **D** ☐ Delete
NAME **BOXER, MIRON DPM**
STREET ADDRESS **2 WOODMERE BLVD. SOUTH**
CITY-ST-ZIP **WOODMERE, FL 11598**

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

TITLE **D** ☐ Delete
NAME **MARCUS, ROBERT DPM**
STREET ADDRESS **185 SEDAR LANE**
CITY-ST-ZIP **TEANECK, NJ 07666**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **D LEONARD A. LEVY, DPM**
STREET ADDRESS **3200 S UNIVERSITY DR**
CITY-ST-ZIP **FT. LAUDERDALE, FL 33328**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 an other like empowered.

SIGNATURE:

[Signature]

04/14/08

(305)866-9608

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #