

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33185

FILED
Apr 04, 2012
Secretary of State

Entity Name: AMERICAN SOCIETY OF PODIATRIC MEDICINE, INC.

Current Principal Place of Business:

1111 KANE CONCOURSE
STE 111
BAY HARBOR, FL 331542039 US

New Principal Place of Business:

Current Mailing Address:

1111 KANE CONCOURSE
STE 111
BAY HARBOR, FL 331542039 US

New Mailing Address:

FEI Number: 22-2403001

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P
Name: UDELL, ELIOTT DPM
Address: 120 BETHPAGE ROAD
City-St-Zip: HICKSVILLE, NY 11801

Title: V
Name: HERTZBERG, ABRAHAM DPM
Address: 300 FRANKLIN AVENUE
City-St-Zip: VALLEY STREAM, NY 11580

Title: TD
Name: SIMMONDS, WARREN L., DPM
Address: 1111 KANE CONCOURSE #111
City-St-Zip: BAY HARBOR, FL 33154

Title: D
Name: BOXER, MIRON DPM
Address: 2 WOODMERE BLVD. SOUTH
City-St-Zip: WOODMERE, FL 11598

Title: S
Name: ARMSTRONG, ALBERT V DPM
Address: 4701 N. MERIDIAN AVE # LEVEL E
City-St-Zip: MIAMI BEACH, FL 331402910

Title: D
Name: MARCUS, ROBERT DPM
Address: 185 SEDAR LANE
City-St-Zip: TEANECK, NJ 07666

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: WARREN L. SIMMONDS, DPM

TD

04/04/2012

Electronic Signature of Signing Officer or Director

Date