

**2018 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P33185

**Entity Name:** AMERICAN SOCIETY OF PODIATRIC MEDICINE, INC.**Current Principal Place of Business:**2757 CENTER COURT DRIVE  
WESTON, FL 33332**Current Mailing Address:**2757 CENTER COURT DRIVE  
WESTON, FL 33332 US**FEI Number:** 22-2403001**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SIMMONDS, WARREN LDPM  
2757 CENTER COURT DRIVE  
WESTON, FL 33332 US*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

**Officer/Director Detail :**

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

Title            VICE PRESIDENT  
Name            HERTZBERG, ABRAHAM DPM  
Address        300 FRANKLIN AVENUE  
City-State-Zip: VALLEY STREAM NY 11580

Title            EXECUTIVE DIRECTOR  
Name            SIMMONDS, WARREN L., DPM  
Address        1614 SHERIDAN STREET  
City-State-Zip: HOLLYWOOD FL 33021

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

Title            SECRETARY  
Name            ARMSTRONG, ALBERT VDPM  
Address        4701 N. MERIDIAN AVE # LEVEL E  
City-State-Zip: MIAMI BEACH FL 33140-2910

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

Title            DIRECTOR  
Name            HELFAND, ARTHUR E D.P.M.  
Address        9 HANSEN CT  
City-State-Zip: NARBERTH PA 19072-1712

Title            DIRECTOR  
Name            MALLIN, HOWARD D.P.M.  
Address        2250 BEAR DEN RD  
                 SUITE 102  
City-State-Zip: FREDERICK MD 21701-9408

*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**EXECUTIVE DIRECTOR****02/12/2018**

Electronic Signature of Signing Officer/Director Detail

Date