Electronic Signature of Signing Officer/Director Detail

above, or on an attachment with all other like empowered.

SIGNATURE: WARREN L. SIMMONDS, DPM

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

Officer/Director Detail :			
Title	PRESIDENT	Title	VICE PRESIDENT
Name	UDELL, ELIOTT DPM	Name	HERTZBERG, ABRAHAM DPM
Address	120 BETHPAGE ROAD	Address	300 FRANKLIN AVENUE
City-State-Zip:	HICKSVILLE NY 11801	City-State-Zip:	VALLEY STREAM NY 11580
Title	EXECUTIVE DIRECTOR	Title	DIRECTOR
Name	SIMMONDS, WARREN L., DPM	Name	BOXER, MIRON DPM
Address	1111 KANE CONCOURSE	Address	2 WOODMERE BLVD. SOUTH
City-State-Zip:	STE 111 BAY HARBOR FL 33154-2039	City-State-Zip:	WOODMERE FL 11598
T '0.		Title	DIRECTOR
Title	SECRETARY	Name	MARCUS, ROBERT DPM
Name			
	ARMSTRONG, ALBERT VDPM	Address	185 SEDAR LANE
Address	4701 N. MERIDIAN AVE # LEVEL E	Address City-State-Zip:	185 SEDAR LANE TEANECK NJ 07666
Address City-State-Zip:		City-State-Zip:	TEANECK NJ 07666
City-State-Zip:	4701 N. MERIDIAN AVE # LEVEL E MIAMI BEACH FL 33140-2910		
City-State-Zip: Title	4701 N. MERIDIAN AVE # LEVEL E MIAMI BEACH FL 33140-2910 DIRECTOR	City-State-Zip:	TEANECK NJ 07666
City-State-Zip: Title Name	4701 N. MERIDIAN AVE # LEVEL E MIAMI BEACH FL 33140-2910 DIRECTOR HELFAND, ARTHUR E D.P.M.	City-State-Zip: Title	TEANECK NJ 07666 DIRECTOR MALLIN, HOWARD D.P.M. 2250 BEAR DEN RD
City-State-Zip: Title Name Address	4701 N. MERIDIAN AVE # LEVEL E MIAMI BEACH FL 33140-2910 DIRECTOR	City-State-Zip: Title Name	TEANECK NJ 07666 DIRECTOR MALLIN, HOWARD D.P.M.

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

2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33185

Entity Name: AMERICAN SOCIETY OF PODIATRIC MEDICINE, INC.

Current Principal Place of Business:

1111KANE CONCOURSE STE 111 BAY HARBOR, FL 33154-2039

Current Mailing Address:

1111KANE CONCOURSE **STE 111** BAY HARBOR, FL 33154-2039 US

FEI Number: 22-2403001

Name and Address of Current Registered Agent:

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



EXECUTIVE DIRECTOR

FILED Apr 09, 2014 Secretary of State CC2736934011

> 04/09/2014 Date