FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 15 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 722806 (7)

1. Corporation Name

FLORIDA PODIATRIC MEDICAL ASSOCIATION, INC.

Principal Place of Business	Mailing Address
410 NORTH GADSDEN TALLAHASSEE FL 32301	410 NORTH GADSDEN TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/01/1972
3a. Date of Last Report: 03/21/1994
4. FEI Number: 59-1235979 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent

WELDON, LILY D.
410 N. GADSDEN STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	SD	☒ Change ☒ Addition
NAME	WALKER, GERALD E.	1.2 NAME	Popper, Donald J.	
STREET ADDRESS	848 FIRST AVE. N.	1.3 STREET ADDRESS	775 Lake Worth Road	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Lake Worth, FL 33467	
TITLE	VP	2.1 TITLE	PD	☒ Change ☐ Addition
NAME	BRONER, THOMAS P.	2.2 NAME		
STREET ADDRESS	333 4TH AVE. N.	2.3 STREET ADDRESS		
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP		
TITLE	VPD	3.1 TITLE	D	☒ Change ☐ Addition
NAME	MARTIN, PORT	3.2 NAME		
STREET ADDRESS	2210 S. MACDILL AVE.	3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP		
TITLE	SD	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	GREENBERG, BARNEY A	4.2 NAME		
STREET ADDRESS	2651 HOLLYWOOD BLVD	4.3 STREET ADDRESS		
CITY-ST-ZIP	HOLLYWOOD FL	4.4 CITY-ST-ZIP		
TITLE	VPD	5.1 TITLE		☐ Change ☐ Addition
NAME	FRISCH, DENNIS R	5.2 NAME		
STREET ADDRESS	30 SE 7TH ST	5.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL	5.4 CITY-ST-ZIP		
TITLE	TD	6.1 TITLE	VPD	☒ Change ☐ Addition
NAME	GIUDICE-TELLER, ROBERTA	6.2 NAME		
STREET ADDRESS	118 SW 4TH AVENUE	6.3 STREET ADDRESS		
CITY-ST-ZIP	GAINESVILLE FL	6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald J. Popper, DPM — 3/10./95 — 904/224-4085
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001636