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Feb 05 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 722806 (7)

1. Corporation Name

FLORIDA PODIATRIC MEDICAL ASSOCIATION, INC.

Principal Place of Business

410 NORTH GADSDEN  
TALLAHASSEE FL 32301

Mailing Address

410 NORTH GADSDEN  
TALLAHASSEE FL 32301-1242



3. Date Incorporated or Qualified  
03/01/1972

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

SCHWARTZ, MICHAEL I  
410 N. GADSDEN STREET  
TALLAHASSEE FL 32301

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE	TD	<input type="checkbox"/> DELETE
NAME	POPPER, DONALD J	
STREET ADDRESS	775 LAKE WORTH ROAD	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRONER, THOMAS P.	
STREET ADDRESS	333 4TH AVE. N.	
CITY-ST-ZIP	JACKSONVILLE FL 32250	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STRICKLAND, JOSEPH H	
STREET ADDRESS	225 SECOND AVE N	
CITY-ST-ZIP	ST PETERSBURG FL 33701	
TITLE	SVPD	<input type="checkbox"/> DELETE
NAME	GREENBERG, BARNEY A	
STREET ADDRESS	2651 HOLLYWOOD BLVD	
CITY-ST-ZIP	HOLLYWOOD FL 33020	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	FRISCH, DENNIS R	
STREET ADDRESS	30 SE 7TH ST	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE	FVPD	<input type="checkbox"/> DELETE
NAME	GIUDICE-TELLER, ROBERTA	
STREET ADDRESS	118 SW 4TH AVENUE	
CITY-ST-ZIP	GAINESVILLE FL 32601	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SVPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SAME	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Fazekas, Edward A	
2.3 STREET ADDRESS	2939 S. Florida Ave	
2.4 CITY-ST-ZIP	Lakeland FL 33803	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SAME	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	FVPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SAME	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SAME	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SAME	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing 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: *Joseph H. Strickland* *Joseph H. Strickland D.P.M.* 1/27/97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0007.1A7

CR2E037 (9/96)