

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

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DOCUMENT # 722806

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**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **30** Country

3. Date Incorporated or Qualified

03/01/1972

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

9. Name and Address of Current Registered Agent

**SCHWARTZ, MICHAEL I
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 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

TITLE **SVPD** ☐ DELETE
NAME **POPPER, DONALD J**
STREET ADDRESS **775 LAKE WORTH ROAD**
CITY-ST-ZIP **LAKE WORTH FL**

TITLE **TD** ☐ DELETE
NAME **FAZEKAS, EDWARD A**
STREET ADDRESS **2939 S. FLORIDA AVE.**
CITY-ST-ZIP **LAKELAND FL**

TITLE **VPD** ☐ DELETE
NAME **STRICKLAND, JOSEPH H**
STREET ADDRESS **225 SECOND AVE N**
CITY-ST-ZIP **ST PETERSBURG FL**

TITLE **PD** ☐ DELETE
NAME **GREENBERG, BARNEY A**
STREET ADDRESS **2651 HOLLYWOOD BLVD**
CITY-ST-ZIP **HOLLYWOOD FL**

TITLE **SD** ☐ DELETE
NAME **FRIMMEL, ROBERT DPM**
STREET ADDRESS **1921 WALDEMERE ST, #613**
CITY-ST-ZIP **SARASOTA FL 34239**

TITLE **PD** ☒ DELETE
NAME **GIUDICE-TELLER, ROBERTA**
STREET ADDRESS **118 SW 4TH AVENUE**
CITY-ST-ZIP **GAINESVILLE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **President** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **2nd V.P.** ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **1st V.P.** ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE **Past President** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE **Treasurer** ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE **Secretary** ☐ Change ☒ Addition
6.2 NAME **Timothy H Tillio DPM**
6.3 STREET ADDRESS **11808-2 San Jose Blvd**
6.4 CITY-ST-ZIP **Jacksonville, FL 32223**

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)