

2000 UNIFORM BUSINESS REPORT (UBR)

2/4/00-90039-005-\$61.25-\$61.25

DOCUMENT # 722806

1. Entity Name

FLORIDA PODIATRIC MEDICAL ASSOCIATION, INC.

Principal Place of Business

Mailing Address

410 NORTH GADSDEN
TALLAHASSEE FL 32301

410 NORTH GADSDEN
TALLAHASSEE FL 32301-1242

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1235979

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME POPPER, DONALD J
STREET ADDRESS 775 LAKE WORTH ROAD
CITY-ST-ZIP LAKE WORTH FL

☐ Delete

TITLE 2V
NAME FAZEKAS, EDWARD A
STREET ADDRESS 2939 S. FLORIDA AVE.
CITY-ST-ZIP LAKELAND FL

☐ Delete

TITLE VD
NAME STRICKLAND, JOSEPH H
STREET ADDRESS 225 SECOND AVE N
CITY-ST-ZIP ST PETERSBURG FL

☐ Delete

TITLE PPD
NAME GREENBERG, BARNEY A
STREET ADDRESS 2651 HOLLYWOOD BLVD
CITY-ST-ZIP HOLLYWOOD FL

☒ Delete

TITLE T
NAME FRIMMEL, ROBERT DPM
STREET ADDRESS 1921 WALDEMERE ST, #613
CITY-ST-ZIP SARASOTA FL 34239

☐ Delete

TITLE S
NAME GIUDICE-TELLER, ROBERTA
STREET ADDRESS 118 SW 4TH AVENUE
CITY-ST-ZIP GAINESVILLE FL

☒ Delete

TITLE PPD
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE IV
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE P
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE Timothy H. Tillo
NAME 11808 E San Jose Blvd
STREET ADDRESS Jacksonville, FL 32223
CITY-ST-ZIP

☐ Change ☒ Addition

TITLE 2V
NAME
STREET ADDRESS
CITY-ST-ZIP

☒ Change ☐ Addition

TITLE Secretary
NAME Cary M. Zinkin
STREET ADDRESS 1668 W. Hillbush
CITY-ST-ZIP Declefield Beach FL 33441

☐ Change ☒ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/00

800204 GART

Date

Daytime Phone #

They are all directors. 2/28/00

CR2E037 (9/99)