2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 02, 2004
Secretary of State

DOCUMENT# 722806

Entity Name: FLORIDA PODIATRIC MEDICAL ASSOCIATION, INC.

Current Principal Place of Business:

410 NORTH GADSDEN
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

410 NORTH GADSDEN
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-1235979 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LAMBERT, PAUL W
MAGNOLIA CENTRE #102
1203 GOVERNOR'S SQUARE BLVD
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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 — Date

OFFICERS AND DIRECTORS:

Title: 2VP ( ) Delete
Name: KATZ, ROBERT D
Address: 1800 CORTEZ RD W
City-St-Zip: BRADENTON, FL 34243

Title: SD ( ) Delete
Name: BECK, ROGER S.
Address: PO BOX 895071
City-St-Zip: LEESBURG, FL 34789

Title: TD ( ) Delete
Name: LEVIN, RICHARD S
Address: 9371 US HWY 19 N #B
City-St-Zip: WEST PALM BEACH, FL 33415

Title: PD ( ) Delete
Name: TILLO, TIMOTHY H
Address: 11808-2 SAN JOSE BLVD.
City-St-Zip: JACKSONVILLE, FL 32223

Title: PPD ( ) Delete
Name: FRIMMEL, ROBERT DPM
Address: 1921 WALDEMERE ST, #613
City-St-Zip: SARASOTA, FL 34239

Title: LVD ( ) Delete
Name: ZINKIN, CARY M
Address: 1668 W. HILLSBORO
City-St-Zip: DEERFIELD BEACH, FL 33441

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: 1VP (X) Change ( ) Addition
Name: KATZ, ROBERT D DPM
Address: 1800 CORTEZ RD W
City-St-Zip: BRADENTON, FL 34243

Title: 2VP (X) Change ( ) Addition
Name: BECK, ROGER S DPM
Address: PO BOX 895071
City-St-Zip: LEESBURG, FL 34789

Title: TD (X) Change ( ) Addition
Name: BLOCK, MARK S DPM
Address: 660 GLADES ROAD
City-St-Zip: BOCA RATON, FL 33431

Title: PPD (X) Change ( ) Addition
Name: TILLO, TIMOTHY H DPM
Address: 11808-2 SAN JOSE BLVD.
City-St-Zip: JACKSONVILLE, FL 32223

Title: SD (X) Change ( ) Addition
Name: ALEXANDER, LINDA L DPM
Address: 333 4TH AVENUE N
City-St-Zip: JACKSONVILLE, FL 32250

Title: PD (X) Change ( ) Addition
Name: ZINKIN, CARY M DPM
Address: 1668 W. HILLSBORO
City-St-Zip: DEERFIELD BEACH, FL 33441

I hereby certify that the information supplied with this filing does not qualify for the 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 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARY M. ZINKIN, DPM PD 02/02/2004

Electronic Signature of Signing Officer or Director — Date