

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722806

FILED
Jan 17, 2008
Secretary of State

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:

HANSEN, WENDY
9670 DEER VALLEY DRIVE
TALLAHASSEE, FL 32312 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: PPD () Delete
Name: BECK, ROGER D DPM
Address: PO BOX 895071
City-St-Zip: LEESBURG, FL 34789

Title: SD () Delete
Name: IANNAcone, ROBERT A DPM
Address: 691 SW PORT ST. LUCIE BLVD
City-St-Zip: PORT ST. LUCIE, FL 34953

Title: PD () Delete
Name: BLOCK, MARK S DPM
Address: 660 GLADES ROAD
City-St-Zip: BOCA RATON, FL 33431

Title: 2VP () Delete
Name: HAVES, BRADLEY C DPM
Address: 5840 WEST FLAGLER STREET #3
City-St-Zip: MIAMI, FL 33144

Title: LVP () Delete
Name: ALEXANDER, LINDA L DPM
Address: 333 4TH AVENUE N
City-St-Zip: JACKSONVILLE, FL 32250

Title: TD () Delete
Name: MCDONALD, TERENCE D
Address: 6405 N. FEDERAL HIGHWAY #405
City-St-Zip: FORT LAUDERDALE, FL 33026

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: VAKIL, SAMIR S DPM
Address: 401-B E. OLYMPIA AVENUE
City-St-Zip: PUNTA GORDA, FL 33950

Title: TD (X) Change () Addition
Name: IANNAcone, ROBERT A DPM
Address: 691 SW PORT ST. LUCIE BLVD
City-St-Zip: PORT ST. LUCIE, FL 34953

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

Title: 1VP (X) Change () Addition
Name: HAVES, BRADLEY C DPM
Address: 5840 WEST FLAGLER STREET #3
City-St-Zip: MIAMI, FL 33144

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

Title: 2VP (X) Change () Addition
Name: MCDONALD, TERENCE D
Address: 6405 N. FEDERAL HIGHWAY #405
City-St-Zip: FORT LAUDERDALE, FL 33026

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: LINDA L. ALEXANDER, DPM

PD

01/17/2008

Electronic Signature of Signing Officer or Director

Date