

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 722806

**FILED**  
**Jan 24, 2011**  
**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:** 1VP  
**Name:** VAKIL, SAMIR S DPM  
**Address:** 401-B E. OLYMPIA AVENUE  
**City-St-Zip:** PUNTA GORDA, FL 33950

**Title:** P  
**Name:** IANNAcone, ROBERT A DPM  
**Address:** 691 SW PORT ST. LUCIE BLVD  
**City-St-Zip:** PORT ST. LUCIE, FL 34953

**Title:** 2VP  
**Name:** BAKER, JOHN E DPM  
**Address:** 6317 SEALAWN DRIVE  
**City-St-Zip:** SPRING HILL, FL 34607

**Title:** S  
**Name:** LEVIN, STEPHEN F DPM  
**Address:** 26827 FOGGY CREEK ROAD #104  
**City-St-Zip:** WESLEY CHAPEL, FL 33544

**Title:** TD  
**Name:** NOLL, MARIA G DPM  
**Address:** 10621 AIRPORT PULLING ROAD #4  
**City-St-Zip:** NAPLES, FL 34109

**Title:** PPD  
**Name:** MCDONALD, TERENCE D  
**Address:** 6405 N. FEDERAL HIGHWAY #405  
**City-St-Zip:** FORT LAUDERDALE, FL 33026

I hereby 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 all other like empowered.

**SIGNATURE:** STEPHEN F. LEVIN

S

01/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date