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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

D. SCOTT

SEP 14 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PODIATRIC MEDICAL ASSURANCE OF AMERICA, INC.
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Wendy Russell Wiener, Esq.

Name of Person

Broad and Cassel LLP

Firm/Company

215 S. Monroe Street, Suite 400

Address

Tallahassee, FL 32301

City/State and Zip code

mqd2@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kellie Hoover

Name of Person

at (850) 681-6810

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- | | | | |
|--|--|---|---|
| <input checked="" type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$87.50 Filing Fee,
Certificate of Status &
Certified Copy |
|--|--|---|---|

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TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. **PODIATRIC MEDICAL ASSURANCE OF AMERICA, INC.**

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. **Pennsylvania**

(State or country under the law of which it is incorporated)

3. **26-4244726**

(FEI number, if applicable)

4. **February 2, 2009**

(Date of incorporation)

5. _____

(Date of duration, if other than perpetual)

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **757 Poplar Church Road, Camp Hill, PA 17011**

(Principal office address)

Same

(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Broad and Cassel LLP**

Office Address: **390 North Orange Avenue, Suite 1400**

Orlando

(City)

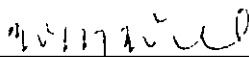
Florida

32801-4961

(Zip code)

9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

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TALLAHASSEE, FLORIDA

11. Names and business addresses of officers and/or directors:

A. DIRECTORS

See attached list.

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

See attached list.

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Neal Kramer, DPM, President

(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

ATTACHMENT
PURCHASING GROUP
NOTICE AND REGISTRATION OF

PODIATRIC MEDICAL ASSURANCE OF AMERICA

13. List the name, address, telephone number, and occupation of the principal officers and directors of the Purchasing Group:

- A. Neal Kramer, DPM Private Practice President
2567 Schoenersville Road
Bethlehem PA 18017 Telephone 610-868-6353
- B. Thomas Ortenzio, DPM Private Practice Vice President/Treasurer
3230 Eastern Boulevard
York PA 17402-3030 Telephone 717-755-3911
- C. Howard L. Schake, DPM Private Practice Secretary
4303 Londonderry Road
Harrisburg PA 17109-5318 Telephone 717-652-5811
- D. Mark E. Pinker, DPM Private Practice Board Member
47 East Brookwood Avenue
Carlisle PA 17015 Telephone 717-243-2236
- E. Craig G. Kriza, DPM Private Practice Board Member
One Medical Center Blvd Bldg II Ste 324
Upland PA 19013 Telephone 610-876-0347
- F. Edward A. Fazekas, DPM Private Practice Board Member
2939 S Florida Ave
Lakeland FL 33803 Telephone 863-687-3404
- G. Mark S. Block, DPM Private Practice Board Member
660 Glades Road Ste 120
Boca Raton FL 33431 Telephone 561-368-3232
- H. Joseph H. Strickland, DPM Private Practice Board Member
9371 US Highway 19 N Ste B
Pinellas Park FL 33782 Telephone 727-579-0441
- I. Cary M. Zinkin, DPM Private Practice Board Member
1979 W Hillsboro Blvd Ste 2
Deerfield Beach FL 33442 Telephone 954-426-8833

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TALLAHASSEE, FLORIDA

COMMONWEALTH OF PENNSYLVANIA

DEPARTMENT OF STATE

08/24/2017

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

PODIATRIC MEDICAL ASSURANCE OF AMERICA, Inc.

is duly registered as a Pennsylvania Non-Profit (Non Stock) under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set
my hand and caused the Seal of the Secretary's
Office to be affixed, the day and year above written

Pedro A. Contes

Secretary of the Commonwealth

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SECRETARY OF STATE
TREASURER
CLERK

Certification Number: TSC170824110675-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>