

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004665

FILED
Jan 22, 2007
Secretary of State

Entity Name: PODIATRIC MEDICAL ASSURANCE OF FLORIDA, INCORPORATED

Current Principal Place of Business:

C/O FL PODIATRIC MEDICAL ASSOC
410 N GADSDEN STREET
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

C/O FL PODIATRIC MEDICAL ASSOC
410 N GADSDEN STREET
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-3698739

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: VP () Delete
Name: STRICKLAND, JOSEPH DPM
Address: 225 SSECOND AVE N
City-St-Zip: SAINT PETERSBURG, FL 33701

Title: T () Delete
Name: ZINKIN, CARY M DPM
Address: 1874 W HILLSBORO BLVD #H
City-St-Zip: DEERFIELD BEACH, FL 33442

Title: D () Delete
Name: POPPER, DONALD J DPM
Address: 1619 FARMINGTON
City-St-Zip: WELLINGTON, FL 33414

Title: SD () Delete
Name: BLOCK, MARK S DPM
Address: 2200 W COLADES RD #906
City-St-Zip: BOCA RATON, FL 33431

Title: PD () Delete
Name: FAZEKAS, EDWARD A DPM
Address: 2939 S. FLORIDA AVENUE
City-St-Zip: LAKELAND, FL 33803

Title: D () Delete
Name: BECK, ROGER G DPM
Address: 10104 DORSET DR
City-St-Zip: LEESBUG, FL 34788

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: EDWARD A. FAZEKAS, DPM

PD

01/22/2007

Electronic Signature of Signing Officer or Director

Date