

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000004665

FILED  
Jan 17, 2008  
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:

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

Title: ( ) Change ( ) Addition  
Name:  
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 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

01/17/2008

Electronic Signature of Signing Officer or Director

Date