

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003600

FILED  
Mar 07, 2011  
Secretary of State

**Entity Name:** DADE COUNTY PODIATRIC MEDICAL ASSOCIATION, CORP

**Current Principal Place of Business:**

2441 S.W. 22ND STREET  
MIAMI, FL 33139 US

**New Principal Place of Business:**

7190 GALLOWAY ROAD  
SUITE 205  
MIAMI, FL 33173 US

**Current Mailing Address:**

2441 S.W. 22ND STREET  
MIAMI, FL 33145

**New Mailing Address:**

7190 GALLOWAY ROAD  
SUITE 205  
MIAMI, FL 33173 US

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TRACY, JAMES DPM  
8900 SW 24TH ST  
# 103  
MIAMI, FL 33165 US

**Name and Address of New Registered Agent:**

ABRANTES, PEDRO DPM  
7190 GALLOWAY ROAD  
# 305  
MIAMI, FL 33173 US

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: PEDRO ABRANTES DPM

03/07/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SELDIN, LIANA DPM  
Address: 2441 SW 22ND STREET  
City-St-Zip: MIAMI, FL 33145

Title: VP  
Name: SMITH, BRIGETTE DPM  
Address: 401 MIRACLE MILE  
City-St-Zip: 310, FL 33134

Title: TR  
Name: ABRANTES, PEDRO DPM  
Address: 7190 GALLOWAY RD  
City-St-Zip: MIAMI, FL 33173

Title: S  
Name: CALVO, BRIAN DPM  
Address: 3185 SW 8TH STREET  
City-St-Zip: MIAMI, FL 33135

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: BRIGETTE SMITH DPM

VP

03/07/2011

Electronic Signature of Signing Officer or Director

Date