

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003600

FILED  
Jan 24, 2012  
Secretary of State

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

**Current Principal Place of Business:**

7190 GALLOWAY ROAD  
SUITE 205  
MIAMI, FL 33173 US

**New Principal Place of Business:**

**Current Mailing Address:**

7190 GALLOWAY ROAD  
SUITE 205  
MIAMI, FL 33173 US

**New Mailing Address:**

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

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

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

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

CALVO, BRYAN DPM  
7190 GALLOWAY ROAD  
# 205  
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: BRYAN CALVO

01/24/2012

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: SMITH, BRIGETTE DPM  
Address: 401 MIRACLE MILE #310  
City-St-Zip: CORAL GABLES, FL 33134

Title: VP  
Name: ABRANTES, PEDRO DPM  
Address: 7190 GALLOWAY ROAD #205  
City-St-Zip: MIAMI, FL 33173

Title: TR  
Name: CALVO, BRYAN DPM  
Address: 7190 GALLOWAY RD #205  
City-St-Zip: MIAMI, FL 33173

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: BRYAN CALVO

TR

01/24/2012

Electronic Signature of Signing Officer or Director

Date