

2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Feb 14, 2012
Secretary of State

DOCUMENT# N09000003600

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:**CALVO, BRYAN DPM
7190 GALLOWAY ROAD
205
MIAMI, FL 33173 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:** 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**Title:** SEC
Name: PAWELEK, BOZENA DPM
Address: 7400 K KENDALL DRIVE SUITE 615
City-St-Zip: MIAMI, FL 33156

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

02/14/2012

Electronic Signature of Signing Officer or Director

Date