

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12656 (7)
1. Corporation Name
FLORIDA PODIATRY ASSOCIATION, INCORPORATED

Principal Place of Business Mailing Address
* LILY D WELDON
410 N GADSDEN ST
TALLAHASSEE FL 32301



3. Date Incorporated or Qualified 12/19/1985
3a. Date of Last Report 03/15/1995
4. FEI Number 59-1235979
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country

9. Name and Address of Current Registered Agent

WELDON, LILY D
410 N GADSDEN ST
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name Schwartz Michael I.
82 Street Address (P.O. Box Number is Not Acceptable) 410 N. Gadsden St
83
84 City Tallahassee FL 85 Zip Code 32301

11. Pursuant to the provisions of Sections 617.0503 and 617.0509, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the responsibilities of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]*
Signature, typed or printed name of registered agent and address, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

6/25/96

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
SD POPPER, DONALD J 775 LAKE WORTH ROAD LAKE WORTH FL
VPO GIUDICE-TELLER, ROBERTA 118 SW 4TH AVENUE GAINESVILLE FL
DP BRONER, THOMAS P. 333 4TH AVE. N. JACKSONVILLE BCH FL
D PORT, MARTIN 2210 S. MACDILL AVE. TAMPA FL
DVP FRISCH, DENNIS R 30 SE 7TH ST BOCA RATON FL
TD GREENBERG, BARNEY A 2651 HOLLYWOOD BLVD HOLLYWOOD FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE TO Popper, Donald J
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE
3.2 NAME Broner, Thomas P
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE
4.2 NAME Strickland, Joseph H
4.3 STREET ADDRESS 225 Second Avenue, N St Pete 33701
4.4 CITY-ST-ZIP
5.1 TITLE
5.2 NAME Frisch, Dennis R
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE: *[Signature]*
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

DAYTIME PHONE

6-19-96 224-4085

CR2E037 (3/96)