

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N12656** (7)  
1. Corporation Name  
**FLORIDA PODIATRY ASSOCIATION, INCORPORATED**



Principal Place of Business <b>% LILY D WELDON 410 N GADSDEN ST TALLAHASSEE FL 32301</b>	Mailing Address <b>% LILY D WELDON 410 N GADSDEN ST TALLAHASSEE FL 32301-1242</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/19/1985</b>	3a. Date of Last Report <b>06/27/1996</b>
21 Suite, Apt. #, etc.	22 City & State	26 Suite, Apt. #, etc.	27 City & State	4. FEI Number <b>59-1235979</b>	Applied For <input type="checkbox"/> Not Applicable
23 Zip	25 Country	29 Zip	30 Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>SCHWARTZ, MICHAEL I 410 N GASDEN ST TALLAHASSEE FL 32301</b>		10. Name and Address of New Registered Agent	
		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or 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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>TD</b>	1.1 TITLE	<b>DVP</b>
NAME	<b>POPPER, DONALD J</b>	1.2 NAME	<b>Popper, Donald J.</b>
STREET ADDRESS	<b>775 LAKE WORTH ROAD</b>	1.3 STREET ADDRESS	<b>Same</b>
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	1.4 CITY-ST-ZIP	<b>Same</b>
TITLE	<b>VPD</b>	2.1 TITLE	<b>PD</b>
NAME	<b>GIUDICE-TELLER, ROBERTA</b>	2.2 NAME	<b>Guidice-Teller, Roberta</b>
STREET ADDRESS	<b>118 SW 4TH AVENUE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b>	3.1 TITLE	<b>SD</b>
NAME	<b>BRONER, THOMAS P.</b>	3.2 NAME	<b>Fazekas, Edward A.</b>
STREET ADDRESS	<b>333 4TH AVE. N.</b>	3.3 STREET ADDRESS	<b>2939 S. Florida Avenue</b>
CITY-ST-ZIP	<b>JACKSONVILLE BCH FL</b>	3.4 CITY-ST-ZIP	<b>Lakeland, FL 33803</b>
TITLE	<b>SD</b>	4.1 TITLE	<b>TD</b>
NAME	<b>STRICKLAND, JOSEPH H</b>	4.2 NAME	<b>Strickland, Joseph</b>
STREET ADDRESS	<b>225 SECOND AVENUE, H</b>	4.3 STREET ADDRESS	<b>SAME</b>
CITY-ST-ZIP	<b>ST PETE FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>DP</b>	5.1 TITLE	<b>D</b>
NAME	<b>FRISCH, DENNIS R</b>	5.2 NAME	<b>SAME</b>
STREET ADDRESS	<b>30 SE 7TH ST</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOCA RATON FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>DVP</b>	6.1 TITLE	<b>VPD</b>
NAME	<b>GREENBERG, BARNEY A</b>	6.2 NAME	<b>SAME</b>
STREET ADDRESS	<b>2651 HOLLYWOOD BLVD</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 only in appointment with an address.

SIGNATURE: *Joseph H. Strickland* or *Joseph H. Strickland* per *1/22/97*

CR2E037 (9/96)