FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPR
AR
FILL

95 MAR 15

SECRETARY
TALLAHASSEE

DOCUMENT # N92000000422 (7)

1. Corporation Name

THE FLORIDA PODIATRIC MEDICAL SOCIETY, INC.

Principal Place of Business	Mailing Address
410 N. GADSDEN ST. TALLAHASSEE FL 32301	410 N. GADSDEN ST. TALLAHASSEE FL 32301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/20/1992

3a. Date of Last Report: 03/28/1994

4. FEI Number: 59-3134492 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

City & State (23)

City & State (28)

Zip (24) Country (25)

Zip (29) Country (30)

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ $68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DUBBIN, MURRAY H
444 BRICKELL AVE.
SUITE 650
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable): 801 Brickell Ave.

83: 14th floor

84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DT	1.1 TITLE	PD	☒ Change ☒ Addition
NAME	WALKER, GERALD	1.2 NAME	Popper, Donald J.	
STREET ADDRESS	410 N. GADSDEN ST.	1.3 STREET ADDRESS	775 Lake Worth Road	
CITY-ST-ZIP	TALLAHASSEE FL 32301	1.4 CITY-ST-ZIP	Lake Worth, FL 33467	
TITLE	DP	2.1 TITLE	D	☒ Change ☐ Addition
NAME	PORT, MARTIN	2.2 NAME		
STREET ADDRESS	410 N. GADSDEN ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301	2.4 CITY-ST-ZIP		
TITLE	D	3.1 TITLE	TD	☒ Change ☒ Addition
NAME	BRONER, THOMAS	3.2 NAME	Greenberg, Barney A.	
STREET ADDRESS	410 N. GADSDEN ST.	3.3 STREET ADDRESS	2651 Hollywood Blvd.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	3.4 CITY-ST-ZIP	Hollywood, FL 33020	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	FRISCH, DENNIS	4.2 NAME		
STREET ADDRESS	410 N. GADSDEN ST.	4.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	GIUDICE-TELLER, ROBERTA	5.2 NAME		
STREET ADDRESS	410 N. GADSDEN ST.	5.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	SINDONE, JOSEPH	6.2 NAME		
STREET ADDRESS	410 N. GADSDEN ST.	6.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32301	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)(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 on an attachment with an address.

SIGNATURE: Donald J. Popper, DPM 3/10/95 904/224-4085

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL RECEIVED ON DIRECTION — Date — (Daytime Phone)

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