

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
11/20/1992

3a. Date of Last Report
03/15/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.
22 *

26 Suite, Apt. #, etc.
27 *

23 City & State

28 City & State

24 Zip Country
25

29 Zip Country
30

4. FEI Number
59-3134492

Applied For
Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DUBBIN, MURRAY H

~~800 S. BRICKELL AVE~~ City Attorney's Office
~~14TH FLOOR~~ 1700 Convention Road
~~MIAMI FL 33131~~ Miami Beach 33139

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.0508, 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 fee (if applicable) (NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE PD ☐ DELETE
NAME POPPER, DONALD J.
STREET ADDRESS 775 LAKE WORTH ROAD
CITY-ST-ZIP LAKE WORTH FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME PORT, MARTIN
STREET ADDRESS 410 N. GADSDEN ST.
CITY-ST-ZIP TALLAHASSEE FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME GREENBERG, BARNEY A.
STREET ADDRESS 2651 HOLLYWOOD BLVD.
CITY-ST-ZIP HOLLYWOOD FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME FRISCH, DENNIS
STREET ADDRESS 410 N. GADSDEN ST.
CITY-ST-ZIP TALLAHASSEE FL 32301

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME GIUDICE-TELLER, ROBERTA
STREET ADDRESS 410 N. GADSDEN ST.
CITY-ST-ZIP TALLAHASSEE FL 32301

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME SINDONE, JOSEPH
STREET ADDRESS 410 N. GADSDEN ST.
CITY-ST-ZIP TALLAHASSEE FL 32301

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing was 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96

800-277-3338

Date

Daytime Phone #

CR2E037 (12/95)