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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N92000000422

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

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualifed 11/20/1992 4. FEI Number 59-3134492 ☐ Applied For ☐ Not Applicable 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

DUBBIN, MURRAY H
CITY ATTORNEY'S OFFICE
1700 CONVENTION ROAD
MIAMI BEACH FL 33139

10. Name and Address of New Registered Agent

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 617.1508, 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 _____ 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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	POPPER, DONALD J.		1.2 NAME	
STREET ADDRESS	775 LAKE WORTH ROAD		1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	PORT, MARTIN		2.2 NAME	
STREET ADDRESS	410 N. GADSDEN ST.		2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL		2.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GREENBERG, BARNEY A.		3.2 NAME	
STREET ADDRESS	2651 HOLLYWOOD BLVD.		3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	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	☐ DELETE	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	☐ DELETE	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	

CR2E037 (11/98)

14. I 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Donald J. Popper 1/18/99 8022244005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #