

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000422

FILED
Jan 24, 2005
Secretary of State

Entity Name: THE FLORIDA PODIATRIC MEDICAL SOCIETY, INC.

Current Principal Place of Business:

410 N. GADSDEN ST.
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

410 N. GADSDEN ST.
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-3134492

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAMBERT, PAUL WATSON
MAGNOLIA CENTRE #102
1203 GOVERNOR'S SQUARE BLVD
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

HANSEN, WENDY
9670 DEER VALLEY DRIVE
TALLAHASSEE, FL 32312 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: WENDY HANSEN

01/24/2005

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KATZ, ROBERT D DPM
Address: C/O 410 NORTH GADSDEN ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: MCDONALD, TERENCE D DPM
Address: C/O 410 NORTH GADSDEN ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: TD () Delete
Name: GREENBERG, BARNEY A.
Address: C/O 410 NORTH GADSDEN STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: HAVES, BRADLEY C DPM
Address: C/O 410 NORTH GADSDEN STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: VAKIL, SAMIR DPM
Address: C/O 410 NORTH GADSDEN ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: D () Delete
Name: ZINKIN, CARY M DPM
Address: C/O 410 NORTH GADSDEN STREET
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: IANNAcone, ROBERT A DPM
Address: C/O 410 NORTH GADSDEN STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: PD (X) Change () Addition
Name: MCDONALD, TERENCE D DPM
Address: C/O 410 NORTH GADSDEN ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: VP (X) Change () Addition
Name: MOYLES, BRIANT DPM
Address: C/O 410 NORTH GADSDEN STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: SD (X) Change () Addition
Name: STRICKLAND, JOSPEH H DPM
Address: C/O 410 NORTH GADSDEN STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERENCE D. MCDONALD, DPM

PD

01/24/2005

Electronic Signature of Signing Officer or Director

Date