2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2006
Secretary of State

DOCUMENT# N92000000422

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 ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	TD	( ) Delete
Name:	IANNACONE, ROBERT A DPM	
Address:	C/O 410 NORTH GADSDEN STREET	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	PD	( ) Delete
Name:	MCDONALD, TERENCE D DPM	
Address:	C/0 410 NORTH GADSDEN ST	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	VP	( ) Delete
Name:	MOYLES, BRIANT DPM	
Address:	C/O 410 NORTH GADSDEN STREET	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	SD	( ) Delete
Name:	STRICKLAND, JOSPEH H DPM	
Address:	C/O 410 NORTH GADSDEN STREET	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	D	( ) Delete
Name:	VAKIL, SAMIR DPM	
Address:	C/0 410 NORTH GADSDEN ST	
City-St-Zip:	TALLAHASSEE, FL 32301	
Title:	D	( ) Delete
Name:	ZINKIN, CARY M DPM	
Address:	C/0 410 NORTH GADSDEN STREET	
City-St-Zip:	TALLAHASSEE, FL 32301	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	SD	(X) Change ( ) Addition
Name:	STRICKLAND, JOSEPH 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 Chapter 119, 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 07/03/2006

Electronic Signature of Signing Officer or Director — Date