

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000422

FILED  
Jan 10, 2012  
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:**

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  
Name: IANNAcone, ROBERT A DPM  
Address: C/O 410 NORTH GADSDEN STREET  
City-St-Zip: TALLAHASSEE, FL 32301

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

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

Title: SD  
Name: STRICKLAND, JOSEPH H DPM  
Address: C/O 410 NORTH GADSDEN STREET  
City-St-Zip: TALLAHASSEE, FL 32301

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

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

I hereby 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 all other like empowered.

SIGNATURE: TERENCE D. MCDONALD, DPM

PD

01/10/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date