

2001 UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # **NA99000006168**

1. Entity Name
Christian Podiatric and Medical Mission Corporation

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

01 JUN 28 PM 12:10

Principal Place of Business
JACKSONVILLE, FL

Mailing Address

2. Principal Place of Business
8236 Park Street

3. Mailing Address
SAME

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
JACKSONVILLE, FL

City & State

4. FEI Number
522193714

Applied For
☐ Not Applicable

Zip
32204

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Robert J. SLAMA, P.A.
3821 Hendricks Ave.
JACKSONVILLE, FL 32207

Name

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

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Director
Dr. Howard G. Groshell, D.P.M.
2308 Greenside Ct
Ponte Vedra Beach, FL 32082

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Director
Kent Norell
LYNX AIR-SD/DR P.O. Box 407052
Ft. Lauderdale, FL 33340

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Robert J. Slama
3821 Hendricks Ave
JACKSONVILLE, FL 32207

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Director
Charlie Fanochiarno
LYNX AIR-SD/DR P.O. Box 407052
Ft. Lauderdale, FL 33340

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
President
Dr. Howard J. Groshell, M.D., D.P.M.
LYNX AIR-SD/DR P.O. Box 407052
Ft. Lauderdale, FL 33340

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
300004462813
-07/06/01--01097--016
*******61.25 *****61.25**

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
Director
Mr. Rusty Alshacke
P.O. Box 1214
Ponte Vedra Beach, FL 32004-1214

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE
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CITY- ST- ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Robert J. Slama, Director 6/15/01 (904)346-4390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)

RESOLUTION OF THE BOARD OF DIRECTORS
OF THE CHRISTIAN PODIATRIC AND MEDICAL MISSION CORPORATION
ALSO KNOWN AS DIABETIC FOOT INTERNATIONAL, A REGISTERED
FICTITIOUS NAME
APPROVING NEW DIRECTORS

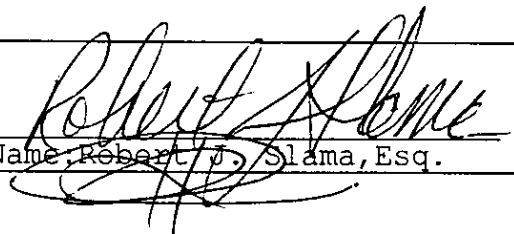
In compliance with the requirements of F.S. Chapter 617.0202, regulating not for profit corporations, the undersigned, being a Director of the Board and as authorized by the President thereof, hereby files the following additional names amending the previously filed Uniform Business Report, and following a majority vote by the board of directors.

A. Approving two additional directors as named below:

1.Kent Norell, LYNX AIR-SD/DR, P.O. BOX 407052, FT. LAUDERDALE, FL 33340. PHONE 809-472-5124.

2.CHARLIE FINNOCHIARRO, LYNX AIR-SD/DR, P.O. BOX 407052, FT. LAUDERDALE, FL 33340. PHONE 809-482-3999.

IN WITNESS WHEREOF, the undersigned Director acting on behalf of the President has executed this resolution adopted by the Board on this 31st day of May, 2001.

<i>Director, on behalf of President</i>	 Name: Robert J. Slama, Esq.
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