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Jun 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P20811** (6)

1. Corporation Name

PODIATRIC RISK MANAGEMENT SOCIETY INC.



Principal Place of Business 211 UNIVERSITY PARK DRIVE, SUITE 800 OKEMOS MI 48864 US		Mailing Address 2111 UNIVERSITY PARK DRIVE, 800 OKEMOS MI 48864-5955 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 09/09/1988	3a. Date of Last Report 06/24/1996
21	26	4. FEI Number 38-2189845	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FISCHMAN, DR. EDWARD H
9123 N MILITARY TR
PALM BCH GRDNS FL 33410**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KETAI, DONALD	1.2 NAME	
STREET ADDRESS	3976 DIX	1.3 STREET ADDRESS	
CITY-ST-ZIP	LINCOLN PARK MI	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEDERMAN, ROBERT	2.2 NAME	
STREET ADDRESS	31519 GRATIOT AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	ROSEVILLE MI	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHURMAN, GARY	3.2 NAME	
STREET ADDRESS	21380 GREENFIELD	3.3 STREET ADDRESS	
CITY-ST-ZIP	OAK PARK MI	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DOUGLAS	4.2 NAME	
STREET ADDRESS	505 N. CLIPPER ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	LANSING MI	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENFELD, SANFORD	5.2 NAME	
STREET ADDRESS	2031 WEST ROAD	5.3 STREET ADDRESS	
CITY-ST-ZIP	TRENTON MI	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLICKMAN, STEVEN	6.2 NAME	
STREET ADDRESS	4770 ROCHESTER RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	TROY MI	6.4 CITY-ST-ZIP	

14. I do 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, changed, or in an attachment with an address.

CR2E037 (9/96)