FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 2:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **P33185** **(0)**

1. Corporation Name

AMERICAN SOCIETY OF PODIATRIC MEDICINE, INC.

Principal Place of Business	Mailing Address
7331 COLLINS AVE MIAMI BEACH FL 33141 US	7331 COLLINS AVE MIAMI BEACH FL 33141 US

3. Date Incorporated or Qualified: 03/18/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 22-2403001 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) / 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) / (27)
City & State (23) / (28)
Zip (24) Country (25) / Zip (29) Country (30)

9. Name and Address of Current Registered Agent

SIMMONDS, WARREN L DPM
7331 COLLINS AVE
MIAMI BEACH FL 33141

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	MALIN, HOWARD D	1.2 NAME	ARTHUR HELFAND,DPM	
STREET ADDRESS	210 SHENANDOAH RD	1.3 STREET ADDRESS	9 HANSEN CT	
CITY-ST-ZIP	MARTINSBURG WV	1.4 CITY-ST-ZIP	NARBERTH, PA 19072	
TITLE	V	2.1 TITLE	SAME AS PREVIOUS	☐ Change ☐ Addition
NAME	GEORGE, DAVID D	2.2 NAME		
STREET ADDRESS	175 MAIN ST	2.3 STREET ADDRESS		
CITY-ST-ZIP	PERTH AMBOY NJ	2.4 CITY-ST-ZIP		
TITLE	VP	3.1 TITLE	VP	☒ Change ☐ Addition
NAME	HELFAND, ARTHUR D	3.2 NAME	MYRON C. BOXER, DPM	
STREET ADDRESS	9 HANSEN CT	3.3 STREET ADDRESS	2 WOODMERE BLVD S	
CITY-ST-ZIP	NARBERTH PA	3.4 CITY-ST-ZIP	WOODMERE, NY 11598	
TITLE	SD	4.1 TITLE	SECRETARY- TREASURER-DIRECTOR	☐ Change ☐ Addition
NAME	SIMMONDS, WARREN L, DPM	4.2 NAME	WARREN L. SIMMONDS, DPM	
STREET ADDRESS	7331 COLLINS AVE	4.3 STREET ADDRESS	7331 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	MIAMI BEACH, FL 33141	
TITLE	D	5.1 TITLE	D	☒ Change ☐ Addition
NAME	BOXER, MYRON D C	5.2 NAME	LEONARD LEVY, DPM	
STREET ADDRESS	2 WOODMERE BLVD S	5.3 STREET ADDRESS	1210 SCOTT ST.	
CITY-ST-ZIP	WOODMERE NY	5.4 CITY-ST-ZIP	SAN FRANCISCO, CA 94115-4009	
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	BLOCK, IRVING H DPM	6.2 NAME	ELLIOT T. UDELL, DPM	
STREET ADDRESS	17111 NE 9TH AVE	6.3 STREET ADDRESS	120 BETHPAGE RD.	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	HICKSVILLE, NY 11801-1515	

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 if changed, or on an attachment with an address.

SIGNATURE: **WARREN L. SIMMONDS DPM, S/T** **305/866-9608**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

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