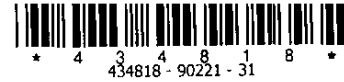


FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90183 045 ****70.00

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P33185					
1. Corporation Name AMERICAN SOCIETY OF PODIATRIC MEDICINE, INC.					
Principal Place of Business 7331 COLLINS AVE MIAMI BEACH FL 33141 US			Mailing Address 7331 COLLINS AVE MIAMI BEACH FL 33141 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/18/1991	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 22-2403001		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired XX		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country	29. Country				

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
SIMMONDS, WARREN L DPM 7331 COLLINS AVE MIAMI BEACH FL 33141		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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	MYRON, BOXWE DPM	1.2 NAME	ROBERT MARCUS, D.P.M.
STREET ADDRESS	2 WOODMERE BLVD. SOUTH.	1.3 STREET ADDRESS	185 SEDAR LANE
CITY-ST-ZIP	WOODMERE NY	1.4 CITY-ST-ZIP	TEANECK, NJ 07666
TITLE	V	2.1 TITLE	V
NAME	MARCUS, ROBERT	2.2 NAME	ELLIOT T. UDELL
STREET ADDRESS	185 SEDAR LANE	2.3 STREET ADDRESS	120 BETHPAGE ROAD
CITY-ST-ZIP	TEANECK NJ	2.4 CITY-ST-ZIP	HICKSVILLE, NY 11801
TITLE	VP	3.1 TITLE	VP
NAME	UDELL, ELLIOT	3.2 NAME	NONE
STREET ADDRESS	120 BETHPAGE ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	HICKSVILLE NY	3.4 CITY-ST-ZIP	
TITLE	STD	4.1 TITLE	SAME
NAME	SIMMONDS, WARREN L, DPM	4.2 NAME	
STREET ADDRESS	7331 COLLINS AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	D
NAME	LEVY, LEONARD D PM	5.2 NAME	MIRON BOXER, DPM
STREET ADDRESS	1210 SCOTT ST.	5.3 STREET ADDRESS	2 WOODMERE BLVD SOUTH
CITY-ST-ZIP	SAN FRANCISCO CA 94115-4009	5.4 CITY-ST-ZIP	WOODMERE, NY 11598
TITLE	D	6.1 TITLE	D
NAME	GEORGE, DAVID DPM	6.2 NAME	SAME
STREET ADDRESS	313 STATEA STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	PERTH AMBOY NJ	6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: **WARREN L SIMMONDS, DPM**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/08/99 305/866-9608

Date

Daytime Phone #