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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.

434818 - 90221 - 31

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 03/18/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 22-2403001 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired XX $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

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 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 _____ 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 ☒ DELETE	1.1 TITLE	P ☒ Change ☐ Addition
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 ☒ DELETE	2.1 TITLE	V ☒ Change ☐ Addition
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 ☒ DELETE	3.1 TITLE	VP ☐ Change ☐ Addition
NAME	UDELL, ELLIOT	3.2 NAME	
STREET ADDRESS	120 BETHPAGE ROAD	3.3 STREET ADDRESS	NONE
CITY-ST-ZIP	HICKSVILLE NY	3.4 CITY-ST-ZIP	
TITLE	STD ☐ DELETE	4.1 TITLE	SAME ☐ Change ☐ Addition
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 ☒ DELETE	5.1 TITLE	D ☒ Change ☐ Addition
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 ☐ DELETE	6.1 TITLE	D ☐ Change ☐ Addition
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 REQUIRED 04/08/99 305/866-9608
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037-(11/98)