2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2000 8:00 am
Secretary of State
04-10-2000 90105 006 ****70.00

DOCUMENT # P33185

1. Entity 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 33141-2711 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1111 KANE CONCOURSE	1111 KANE CONCOURSE
Suite, Apt. #, etc.: SUITE 111	Suite, Apt. #, etc.: SUITE 111
City & State: BAY HARBOR , FL	City & State: BAY HARBOR, FL
Zip: 33154 Country:	Zip: 33154 Country:

4. FEI Number: 22-2403001 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

1111 KANE CONCOURSE SUITE 111

City BAY HARBOR **FL** Zip Code 33154

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 _____ , SOLO, TRUS 03/28/20000

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	P MARCUS, ROBERT DPM 185 SEDAR LANE TEANECK NJ 07666	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V UDELL, ELLIOT T 120 BETHPAGE ROAD HICKSVILLE NY 11801	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SIMMONDS, WARREN L, DPM 7331 COLLINS AVE MIAMI BEACH FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOXER, MIRON DPM 2 WOODMERE BLVD. SOUTH WOODMERE FL 11598	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GEORGE, DAVID DPM 313 STATEA STREET PERTH AMBOY NJ	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

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: SIGNATURE REQUIRED 305/866-9608 03/28/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #