2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 04, 2001 8:00 am
Secretary of State
05-04-2001 90036 011 ****70.00

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DOCUMENT # P33185

1. Entity Name

AMERICAN SOCIETY OF PODIATRIC MEDICINE, INC.

Principal Place of Business	Mailing Address
111 KANE CONCOURSE STE 111 MIAMI FL 33154 US	111 KANE CONCOURSE STE 111 MIAMI FL 33154 US

DO NOT WRITE IN THIS SPACE

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

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	7. Name and Address of New Registered Agent
SIMMONDS, WARREN L DPM 1111 KANE CONCOURSE STE 111 MIAMI FL 33154	Name Street Address (P.O. Box Number is Not Acceptable) City: BAY HARBOR **FL** Zip Code

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 WARREN L. SIMMONDS, DPM 04/27/01
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 ~~7391 COLLINS AVE~~ ~~MIAMI BEACH FL~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition STD WARREN L. SIMMONDS, DPM 1111 KANE CONCOURSE # 111 BAY HARBOR, FL 33154
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 (10/00)

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: WARREN L. SIMMONDS, DPM RED 04/27/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #