


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P33185</b>	
1. Entity Name <b>AMERICAN SOCIETY OF PODIATRIC MEDICINE, INC.</b>	

Principal Place of Business <b>111 KANE CONCOURSE STE 111 BAY HARBOR, FL 33154 US</b>	Mailing Address <b>111 KANE CONCOURSE STE 111 BAY HARBOR, FL 33154 US</b>
--	--

**DO NOT WRITE IN THIS SPACE**



04052004 No Chg-NP CR2E037 (10/03)

4. FEI Number <b>22-2403001</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fees Required

6. Name and Address of Current Registered Agent  <b>SIMMONDS, WARREN L DPM 1111 KANE CONCOURSE STE 111 BAY HARBOR, FL 33154</b>
---

**DO NOT WRITE  
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>Filing Fee is \$61.25 Due by May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U00000105339 11420112114-41022-008 70.00
---	---	---

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P MARCUS, ROBERT DPM 185 SEDAR LANE TEANECK, NJ 07666</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V UDELL, ELLIOT T 120 BETHPAGE ROAD HICKSVILLE, NY 11801</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>STD SIMMONDS, WARREN L., DPM 1111 KANE CONCOURSE #111 BAY HARBOR, FL 33154</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D BOXER, MIRON DPM 2 WOODMERE BLVD. SOUTH WOODMERE, FL 11598</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GEORGE, DAVID DPM 313 STATEA STREET PERTH AMBOY, NJ</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D HERTZBERG, ABRHAM 300 FRANKLIN AVE. VALLEY STREAM, NY 11580</b>

**DO NOT WRITE  
IN THIS SPACE**

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* 04/05/04 35 866-9608  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #