


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90100 023 ****70.00

DOCUMENT # P33185	
1. Entity Name AMERICAN SOCIETY OF PODIATRIC MEDICINE, INC.	

Principal Place of Business 111 KANE CONCOURSE STE 111 BAY HARBOR, FL 33154 US	Mailing Address 111 KANE CONCOURSE STE 111 BAY HARBOR, FL 33154 US
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2. Principal Place of Business 1111 KANE CONCOURSE Suite, Apt. #, etc. SUITE # 111 City & State BAY HARBOR ISLAND, FL Zip 33154 Country USA	3. Mailing Address 1111 KANE CONCOURSE Suite, Apt. #, etc. SUITE # 111 City & State BAY HARBOR ISLAND, FL Zip 33154 Country USA
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03212005 Chg-NP CR2E037 (10/03)

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

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

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

(NOTE: Registered Agent signature required when restate.)

DATE

**Filing Fee Is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida 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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P UDELL, ELLIOTT, DPM 120 BETHPAGE ROAD HICKSVILLE, NY 11801 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V UDELL, ELLIOTT 120 BETHPAGE ROAD HICKSVILLE, NY 11801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HERTZBERG, ABRAHAM, DPM 300 FRANKLIN AVENUE VALLEY STREAM, NY 11580 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SIMMONDS, WARREN L., DPM 1111 KANE CONCOURSE #111 BAY HARBOR, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOXER, MIRON DPM 2 WOODMERE BLVD. SOUTH WOODMERE, FL 11598 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE, DAVID DPM 313 STATEA STREET PERTH AMBOY, NJ <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERTZBERG, ABRHAM 300 FRANKLIN AVE. VALLEY STREAM, NY 11580 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARCUS, ROBERT, DPM 185 SEDAR LANE TEANECK, NJ 07666 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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 AND TYPED OR PRINTED NAME

DATE

DAYTIME PHONE

WARREN L. SIMMONDS, DPM 04/04/2005 866-9608