2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # P33185

1. Entity Name
AMERICAN SOCIETY OF PODIATRIC MEDICINE, INC.

Principal Place of Business	Mailing Address
1111 KANE CONCOURSE STE 111 BAY HARBOR, FL 33154 US	1111 KANE CONCOURSE STE 111 BAY HARBOR, FL 33154 US

DO NOT WRITE IN THIS SPACE

04072006 No Chg-NP CR2E037 (11/05)

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
1111 KANE CONCOURSE STE 111
BAY HARBOR, FL 33154

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

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

U00000501017
04/25/06-80044-025 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 4-7-06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #