

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P33185

FILED  
Apr 13, 2009  
Secretary of State

Entity Name: AMERICAN SOCIETY OF PODIATRIC MEDICINE, INC.

## Current Principal Place of Business:

1111 KANE CONCOURSE  
STE 111  
BAY HARBOR, FL 33154 US

## New Principal Place of Business:

## Current Mailing Address:

1111 KANE CONCOURSE  
STE 111  
BAY HARBOR, FL 33154 US

## New Mailing Address:

FEI Number: 22-2403001

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

SIMMONDS, WARREN L DPM  
1111 KANE CONCOURSE STE 111  
BAY HARBOR, FL 33154 US

## Name and Address of New Registered Agent:

SIMMONDS, WARREN L DPM  
1111 KANE CONCOURSE  
STE 111  
BAY HARBOR, FL 33154 US

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:

04/13/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: UDELL, ELIOTT DPM  
Address: 120 BETHPAGE ROAD  
City-St-Zip: HICKSVILLE, NY 11801

Title: V ( ) Delete  
Name: HERTZBERG, ABRAHAM DPM  
Address: 300 FRANKLIN AVENUE  
City-St-Zip: VALLEY STREAM, NY 11580

Title: STD ( ) Delete  
Name: SIMMONDS, WARREN L., DPM  
Address: 1111 KANE CONCOURSE #111  
City-St-Zip: BAY HARBOR, FL 33154

Title: D ( ) Delete  
Name: BOXER, MIRON DPM  
Address: 2 WOODMERE BLVD. SOUTH  
City-St-Zip: WOODMERE, FL 11598

Title: D ( ) Delete  
Name: LEVY, LEONARD A DPM  
Address: 3200 S UNIVERSITY DR.  
City-St-Zip: FORT LAUDERDALE, FL 33328

Title: D ( ) Delete  
Name: MARCUS, ROBERT DPM  
Address: 185 SEDAR LANE  
City-St-Zip: TEANECK, NJ 07666

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: UDELL, ELIOTT DPM  
Address: 120 BETHPAGE ROAD  
City-St-Zip: HICKSVILLE, NY 11801

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WARREN L. SIMMONDS, DPM

STD

04/13/2009

Electronic Signature of Signing Officer or Director

Date