

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 722806

Entity Name: FLORIDA PODIATRIC MEDICAL ASSOCIATION, INC.**Current Principal Place of Business:**410 NORTH GADSDEN
TALLAHASSEE, FL 32301**Current Mailing Address:**410 NORTH GADSDEN
TALLAHASSEE, FL 32301**FEI Number: 59-1235979****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**WINN, JASON D. ESQ.
2709-4 KILLARNEY WAY
TALLAHASSEE, FL 32309 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PAST PRESIDENT
Name	VAKIL, SAMIR S DPM
Address	352 MILUS STREET
City-State-Zip:	PUNTA GORDA FL 33950

Title	PRESIDENT
Name	GOGGIN, JOHN P DPM
Address	2209 S. 25TH STREET
City-State-Zip:	FORT PIERCE FL 34953

Title	TREASURER
Name	SCHMIDT, LARISSA M DPM
Address	410 CELEBRATION PLACE SUITE 206
City-State-Zip:	CELEBRATION FL 34747

Title	PRESIDENT ELECT
Name	ZINKIN, CARY M DPM
Address	PO BOX 4997
City-State-Zip:	DEERFIELD BEACH FL 33442

Title	VP
Name	ZDANCEWICZ, ALISSA B DPM
Address	1611 53RD AVENUE WEST
City-State-Zip:	BRADENTON FL 34207

Title	SECRETARY
Name	SCHWEIBISH, DAVID M DPM
Address	2020 HWY A1A SUITE 101
City-State-Zip:	INDIAN HARBOUR BEACH FL 32937

I hereby 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 all other like empowered.

SIGNATURE: JOHN P. GOGGIN**PRESIDENT****03/15/2021**_____
Electronic Signature of Signing Officer/Director Detail_____
Date