

**2017 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:** Yes**Name and Address of Current Registered Agent:**WINN, JASON D ESQ.  
119 E PARK AVENUE, SUITE 2-C  
TALLAHASSEE, FL 32301 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	IMMEDIATE PAST PRESIDENT
Name	BROOKS, PAUL D DPM
Address	2201 EAST NINE MILE ROAD
City-State-Zip:	PENSACOLA FL 32514

Title	PRESIDENT
Name	LAMBERT, MARK A DPM
Address	4850 N. 9TH AVENUE
City-State-Zip:	PENSACOLA FL 32503

Title	FIRST VICE PRESIDENT
Name	BELIS, ANDREW M DPM
Address	12670 CREEKSIDE LN, 3RD FLOOR
City-State-Zip:	FT. MYERS FL 33919

Title	SECOND VICE PRESIDENT
Name	WILLIAMS, DPM, ANDRE M
Address	352 MILUS STREET
City-State-Zip:	PUNTA GORDA FL 33950

Title	TREASURER
Name	RODGERS, DPM, DIANA E
Address	3700 WASHINGTON STREET #403
City-State-Zip:	HOLLYWOOD FL 33021

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

*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:** MARK A. LAMBERT**PRESIDENT****03/07/2017**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date