

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003600

FILED
Jun 25, 2013
Secretary of State
CC6657505747

Entity Name: DADE COUNTY PODIATRIC MEDICAL ASSOCIATION, CORP

Current Principal Place of Business:

7190 GALLOWAY ROAD
SUITE 205
MIAMI, FL 33173

Current Mailing Address:

7190 GALLOWAY ROAD
SUITE 205
MIAMI, FL 33173 US

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CALVO, BRYAN DPM
7190 GALLOWAY ROAD
205
MIAMI, FL 33173 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 PRESIDENT
Name ABRANTES, PEDRO DPM
Address 7190 GALLOWAY ROAD #205
City-State-Zip: MIAMI FL 33173

Title TR, VP
Name CALVO, BRYAN DPM
Address 7190 GALLOWAY RD #205
City-State-Zip: MIAMI FL 33173

Title SEC
Name PAWELEK, BOZENA DPM
Address 7400 K KENDALL DRIVE SUITE 615
City-State-Zip: MIAMI FL 33156

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: BRYAN CALVO

VP

06/25/2013

Electronic Signature of Signing Officer/Director Detail

Date