

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003600

**FILED
Mar 21, 2014
Secretary of State
CC7479775422**

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, TR, VP	Title	SEC
Name	CALVO, BRYAN DPM	Name	PAWELEK, BOZENA DPM
Address	7190 GALLOWAY RD #205	Address	7400 K KENDALL DRIVE SUITE 615
City-State-Zip:	MIAMI FL 33173	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

TREASURER

03/21/2014

Electronic Signature of Signing Officer/Director Detail

Date