2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0900003600

Entity Name: MIAMI-DADE COUNTY PODIATRIC MEDICAL ASSOCIATION,

CORP.

FILED Apr 08, 2021 **Secretary of State** 8029831982CC

Current Principal Place of Business:

410 NORTH GADSDEN STREET TALLAHASSEE, FL 32301

Current Mailing Address:

410 NORTH GADSDEN STREET TALLAHASSEE, FL 32301 US

FEI Number: 59-1235979 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WINN, JASON DAVID ESQ. 2709 KILLARNEY WAY SUITE 4 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: JASON D. WINN, ESQ 04/08/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title **PRESIDENT** Title **TREASURER**

Name STRIMBU, ADRIANA P Name CLERSAINT, LUCITA M

404 N FEDERAL HWY 58 NE 167 ST Address Address City-State-Zip: City-State-Zip: HALLANDALE FL 33009 MIAMI FL 33162

Title **SECRETARY** Title VΡ

Name CORETTI. NICHOLAS Name SELDIN, LIANA Address 9600 NE 2ND AVE Address 2442 CORAL WAY

City-State-Zip: MIAMI SHORES FL 33138 GABLES FL 33145 City-State-Zip:

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.

PRESIDENT

Electronic Signature of Signing Officer/Director Detail