

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000003600

**Entity Name:** MIAMI-DADE COUNTY PODIATRIC MEDICAL ASSOCIATION, CORP.

**FILED**  
**Apr 19, 2022**  
**Secretary of State**  
**7879566333CC**

**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**

**04/19/2022**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title SECRETARY, TREASURER  
Name STRIMBU, ADRIANA P  
Address 404 N FEDERAL HWY  
City-State-Zip: HALLANDALE FL 33009

Title VP  
Name CLERSAINT, LUCITA M  
Address PO BOX 277955  
City-State-Zip: MIRAMAR FL 33027

Title PRESIDENT  
Name SELDIN, LIANA  
Address 2442 CORAL WAY  
City-State-Zip: GABLES FL 33145

*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: LIANA SELDIN, DPM**

**PRESIDENT**

**04/19/2022**

Electronic Signature of Signing Officer/Director Detail

Date