

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000003600

FILED
Apr 30, 2019
Secretary of State
1603280777CC

Entity Name: DADE COUNTY PODIATRIC MEDICAL ASSOCIATION, CORP

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

04/30/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title P
Name NELSON, PERCY L
Address 2630 NW 203 ST
SUITE 102
City-State-Zip: AVENTURA FL 33180

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

Title S
Name FINN, HANA
Address 10806 SW 88 ST STE 17
City-State-Zip: MIAMI FL 33176

Title V
Name DAVIS, IMAZE
Address 1190 NW 95 ST STE 108
City-State-Zip: MIAMI FL 33150

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: PERCY NELSON, DPM

PRESIDENT

04/30/2019

Electronic Signature of Signing Officer/Director Detail

Date