

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000003600

**Entity Name:** DADE COUNTY PODIATRIC MEDICAL ASSOCIATION, CORP

**Current Principal Place of Business:**

1609 NW 14TH AVE  
MIAMI, FL 33125

**Current Mailing Address:**

1609 NW 14TH AVE  
MIAMI, FL 33125 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

WINN, JASON DAVID ESQ.  
119 E PARK AVE  
2-C  
TALLAHASSEE, FL 32301 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

04/27/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, TR, VP  
Name            HAVES, BRADLEY C DR  
Address        1609 NW 14TH AVE  
City-State-Zip: MIAMI FL 33125

*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: BRADLEY C. HAVES, DPM

PRESIDENT

04/27/2015

Electronic Signature of Signing Officer/Director Detail

Date