

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