

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000003600

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

**FILED**  
**Apr 15, 2024**  
**Secretary of State**  
**4959531014CC**

**Current Principal Place of Business:**

3375-F CAPITAL CIRCLE NE  
SUITE 201  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

3375-F CAPITAL CIRCLE NE  
SUITE 201  
TALLAHASSEE, FL 32308 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**

**04/15/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name CORETTI, NICHOLAS J III  
Address 9600 NE 2ND AVE  
City-State-Zip: MIAMI SHORES FL 33138

Title PRESIDENT  
Name CLERSAINT, LUCITA M  
Address 58 NE 167TH STREET  
City-State-Zip: MIAMI FL 33162

Title TREASURER, SECRETARY  
Name MASRI, AMAL  
Address 16800 NW 2ND AVE  
309  
City-State-Zip: NORTH MIAMI BEACH FL 33169

*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: LUCITA M CLERSAINT, DPM**

**PRESIDENT**

**04/15/2024**

Electronic Signature of Signing Officer/Director Detail

Date