

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

DOCUMENT# N19000001858

**Entity Name:** BREVARD COUNTY PODIATRIC MEDICAL ASSOCIATION, INC

**Current Principal Place of Business:**

2020 NORTH HWY A1A  
101  
INDIAN HARBOUR, FL 32937

**Current Mailing Address:**

2020 NORTH HWY A1A  
101  
INDIAN HARBOUR BEACH, FL 32937 US

**FEI Number:** 30-1161798

**Certificate of Status Desired:** No

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

WINN, JASON D 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            TREASURER  
Name            MCNEELA, JOAN DPM  
Address        2020 N HIGHWAY A1A  
                  SUITE 101  
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

Title            PRESIDENT  
Name            SCHWEIBISH, DAVID DR.  
Address        2020 NORTH HWY A1A  
                  101  
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

Title            SECRETARY  
Name            SCHWEIBISH, DAVID M  
Address        2020 N HIGHWAY A1A  
                  SUITE 101  
City-State-Zip: INDIAN HARBOUR BEACH FL 32937

*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:** DAVID SCHWEIBISH, DPM

**PRESIDENT**

**04/15/2024**

Electronic Signature of Signing Officer/Director Detail

Date