2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 10, 2017
Secretary of State
CC8571490566

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Entity Name: THE FLORIDA PODIATRIC MEDICAL SOCIETY, INC.

Current Principal Place of Business:

410 N. GADSDEN ST.
TALLAHASSEE, FL 32301

Current Mailing Address:

410 N. GADSDEN ST.
TALLAHASSEE, FL 32301

FEI Number: 59-3134492

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WINN, JASON D ESQ
119 E PARK AVE STE 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:

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	VP
Name	IANNACONE, ROBERT A DPM
Address	C/O 410 NORTH GADSDEN STREET
City-State-Zip:	TALLAHASSEE FL 32301

Title	SECRETARY
Name	STRICKLAND, JOSEPH H DPM
Address	C/O 410 NORTH GADSDEN STREET
City-State-Zip:	TALLAHASSEE FL 32301

Title	DIRECTOR
Name	ZINKIN, CARY M DPM
Address	C/0 410 NORTH GADSDEN STREET
City-State-Zip:	TALLAHASSEE FL 32301

Title	DIRECTOR
Name	BAKER, JOHN E DPM
Address	C/O 410 NORTH GADSDEN ST
City-State-Zip:	TALLAHASSEE FL 32301

Title	PRESIDENT
Name	MCDONALD, TERENCE D DPM
Address	C/0 410 NORTH GADSDEN ST
City-State-Zip:	TALLAHASSEE FL 32301

Title	DIRECTOR
Name	VAKIL, SAMIR S DPM
Address	C/0 410 NORTH GADSDEN ST
City-State-Zip:	TALLAHASSEE FL 32301

Title	DIRECTOR
Name	FRISCH, DENNIS R DPM
Address	C/O 410 NORTH GADSDEN ST
City-State-Zip:	TALLAHASSEE FL 32301

Title	DIRECTOR
Name	ALEXANDER, LINDA L DPM
Address	C/O 410 NORTH GADSDEN ST
City-State-Zip:	TALLAHASSEE FL 32301

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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: TERENCE MCDONALD PRESIDENT 03/10/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	LAMBERT, MARK A
Address	4850 NORTH NINTH AVENUE
City-State-Zip:	PENSACOLA FL 32503