2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2025
Secretary of State
7553361717CC

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Entity Name: THE FLORIDA PODIATRIC MEDICAL SOCIETY, INC.

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: 59-3134492

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WINN, JASON D ESQ
106 E COLLEGE AVE
SUITE 1500
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	DIRECTOR
Name	IANNACONE, ROBERT A DPM
Address	C/0 3375-F CAPITAL CIRCLE NE SUITE 201
City-State-Zip:	TALLAHASSEE FL 32308

Title	PRESIDENT
Name	MCDONALD, TERENCE D DPM
Address	C/0 3375-F CAPITAL CIRCLE NE SUITE 201
City-State-Zip:	TALLAHASSEE FL 32308

Title	DIRECTOR
Name	VAKIL, SAMIR S DPM
Address	C/0 3375-F CAPITAL CIRCLE NE SUITE 201
City-State-Zip:	TALLAHASSEE FL 32308

Title	VP
Name	FRISCH, DENNIS R DPM
Address	C/0 3375-F CAPITAL CIRCLE NE SUITE 201
City-State-Zip:	TALLAHASSEE FL 32308

Title	DIRECTOR
Name	BAKER, JOHN E DPM
Address	C/0 3375-F CAPITAL CIRCLE NE SUITE 201
City-State-Zip:	TALLAHASSEE FL 32308

Title	DIRECTOR
Name	SELDIN, LIANA G DPM
Address	3375 CAPITAL CIRCLE NE SUITE 201
City-State-Zip:	TALLAHASSEE FL 32308

Title	DIRECTOR
Name	BELIS, ANDREW DPM
Address	12670 CREEKSIDE LANE SUITE 202
City-State-Zip:	FORT MYERS FL 33919

Title	SECRETARY
Name	WILLIAMS, ANDRE DPM
Address	352 MILUS STREET
City-State-Zip:	PUNTA GORDA FL 33950

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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 D. MCDONALD PRESIDENT 04/15/2025

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

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

Title	DIRECTOR
Name	BLOCK, MARK S DPM
Address	3375-F CAPITAL CIRCLE NE SUITE 201
City-State-Zip:	TALLAHASSEE FL 32308

Title	DIRECTOR
Name	ZDANCEWICZ, ALISSA B DPM
Address	3375-F CAPITAL CIRCLE NE SUITE 201
City-State-Zip:	TALLAHASSEE FL 32308

Title	DIRECTOR
Name	GOGGIN, JOHN P DPM
Address	3375-F CAPITAL CIRCLE NE SUITE 201
City-State-Zip:	TALLAHASSEE FL 32308