

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000422

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
2709-4 KILLARNEY WAY
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 DIRECTOR
Name IANNAcone, ROBERT A DPM
Address C/O 410 NORTH GADSDEN STREET
City-State-Zip: TALLAHASSEE FL 32301

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

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

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

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****04/19/2022**

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