

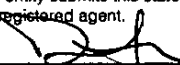
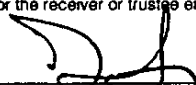


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90064 013 ****55.00

DOCUMENT # L04000086843 1. Entity Name DAVIDSON PODIATRY ASSOCIATES, LLC					
Principal Place of Business 2100 E. HALLANDALE BEACH BLVD. HALLANDALE, FL 33009			Mailing Address 2100 E. HALLANDALE BEACH BLVD. HALLANDALE, FL 33009		
2. Principal Place of Business 7316 W. ATLANTIC BLVD Suite, Apt. #, etc.		3. Mailing Address 7316 W. ATLANTIC BLVD Suite, Apt. #, etc.			
City & State MARGATE FL		City & State MARGATE FL		4. FEI Number 201984049	
Zip 33063		Country USA		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DAVIDSON, ROBERT 2100 E. HALLANDALE BEACH BLVD. HALLANDALE, FL 33009			7. Name and Address of New Registered Agent Name DAVIDSON ROBERT Street Address (P.O. Box Number is Not Acceptable) 7316 W. ATLANTIC BLVD City MARGATE FL Zip Code 33063		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  DATE 4/19/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PST DAVIDSON, ROBERT <input checked="" type="checkbox"/> Delete 2100 E. HALLANDALE BEACH BLVD. HALLANDALE, FL 33009		TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DAVIDSON ROBERT 7316 W ATLANTIC BLVD MARGATE FL 33063	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V <input type="checkbox"/> Delete FINKE, BRIAN 7144 NOB HILL ROAD TAMARAC, FL 33321		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Date 4/19/05 964974 8488		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					