


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2007 08:00 A
Secretary of State

DOCUMENT # L04000086843 1. Entity Name DAVIDSON PODIATRY ASSOCIATES, LLC	
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Principal Place of Business 7316 W ATLANTIC BLVD MARGATE, FL 33063 US	Mailing Address 7316 W ATLANTIC BLVD MARGATE, FL 33063 US
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DO NOT WRITE IN THIS SPACE



01042007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-1984049	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DAVIDSON, ROBERT
 7316 W ATLANTIC BLVD
 MARGATE, FL 33063

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DAVIDSON, ROBERT 7316 W ATLANTIC BLVD MARGATE, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FINKE, BRIAN 7144 NOB HILL ROAD TAMARAC, FL 33321
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 02/20/07-80022-019 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: ROBERT DAVIDSON MGR 2/8/07 954 974 8488

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #