



**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 02, 2008 08:00 AM
Secretary of State

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| 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



02172008 No Chg-LLC CR2E083 (12/07)

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| 4. FEI Number 20-1984049 | Applied For <input type="checkbox"/> 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

DO NOT WRITE IN THIS SPACE

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: DR. Robert M Davidson (NOTE: Registered Agent signature required when re-registering) DATE: _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS

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|--|---|
| 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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05/29/08-80086-014 138.75

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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: DR. Robert M Davidson 2/18/8 954 974 8488
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #