


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

DOCUMENT # L04000086843
 1. Entity Name
 DAVIDSON PODIATRY ASSOCIATES, LLC



Principal Place of Business Mailing Address
 7316 W ATLANTIC BLVD 7316 W ATLANTIC BLVD
 MARGATE, FL 33063 US MARGATE, FL 33063 US

DO NOT WRITE IN THIS SPACE



02172008 No Chg-LLC CR2E083 (12/07)

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

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 DATE: _____
Signature, typewritten or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

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

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

400000944102
 05/29/08-80086-014 138.75

DO NOT WRITE IN THIS SPACE

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