

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086843

FILED
Feb 11, 2009
Secretary of State

Entity Name: DAVIDSON PODIATRY ASSOCIATES, LLC

Current Principal Place of Business:

7316 W ATLANTIC BLVD
MARGATE, FL 33063 US

New Principal Place of Business:

Current Mailing Address:

7316 W ATLANTIC BLVD
MARGATE, FL 33063 US

New Mailing Address:

FEI Number: 20-1984049

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DAVIDSON, ROBERT
7316 W ATLANTIC BLVD
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DAVIDSON, ROBERT
Address: 7316 W ATLANTIC BLVD
City-St-Zip: MARGATE, FL 33063

Title: V () Delete
Name: FINKE, BRIAN
Address: 7144 NOB HILL ROAD
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FINKE, BRIAN
Address: 7316 W ATLANTIC BLVD
City-St-Zip: MARGATE, FL 33063

Title: V (X) Change () Addition
Name: FINKE, BRIAN
Address: 7316 W ATLANTIC BLVD
City-St-Zip: MARGATE, FL 33063

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: BRIAN FINKE

MGR

02/11/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date