


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90147 008 ****50.00

DOCUMENT # L06000056414	
1. Entity Name MADISON OSTEOPATHIC MEDICINE, P.L.	

Principal Place of Business 235 S.W. DADE STREET MADISON, FL 32340	Mailing Address 235 S.W. DADE STREET MADISON, FL 32340
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



01032007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-4971794	Applied For <input type="checkbox"/>
	Not Applicable <input type="checkbox"/>

5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent	
FABREGAS-SCHINDLER, JULIE 235 S.W. DADE STREET MADISON, FL 32340	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 reappointing) DATE _____

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FABREGAS-SCHINDLER, JULIE 328 BACK FORTY DRIVE LAKE PARK, GA 31636 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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: Eric Schindler **1/12/07** **850-253-8000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #