

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000056414

FILED
Mar 19, 2009
Secretary of State

Entity Name: MADISON OSTEOPATHIC MEDICINE, P.L.

Current Principal Place of Business:

235 S.W. DADE STREET
SUITE#2
MADISON, FL 32340

New Principal Place of Business:

Current Mailing Address:

235 S.W. DADE STREET
SUITE#2
MADISON, FL 32340

New Mailing Address:

FEI Number: 20-4971794

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FABREGAS-SCHINDLER, JULIE
235 S.W. DADE STREET
MADISON, FL 32340 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: MGRM () Delete
Name: FABREGAS-SCHINDLER, JULIE
Address: 328 BACK FORTY DRIVE
City-St-Zip: LAKE PARK, GA 31636

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JULIE FABREGAS-SCHINDLER

CEO

03/19/2009

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