2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 03, 2007
Secretary of State

DOCUMENT# M01000002310

Entity Name: BOUND TREE MEDICAL, LLC

Current Principal Place of Business:

5200 RINGS RD STE A
DUBLIN, OH 430173557

New Principal Place of Business:

Current Mailing Address:

PO BOX 8023
DUBLIN, OH 430162023

New Mailing Address:

FEI Number: 31-1739487 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: WALTER, MATTHEW D
Address: 2262 YORKSHIRE RD
City-St-Zip: COLUMBUS, OH 43221

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: WALTER, MATTHEW D
Address: 4611 NORTHGATE CT.
City-St-Zip: NEW ALBANY, OH 43054

I hereby certify that the information supplied with this filing does not qualify for the 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: MATTHEW D. WALTER MGR 01/03/2007

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