2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 09, 2008
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:

C T CORPORATION SYSTEM
1203 GOVERNORS SQ BLVD
SUITE 101
TALLAHASSEE, FL 32301 US

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: 01/09/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

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

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: P ( ) Change (X) Addition
Name: JOSEPH, LINDEN P
Address: 5305 MEDALLION DRIVE W
City-St-Zip: WESTERVILLE, OH 43082

Title: T ( ) Change (X) Addition
Name: DOUGHERTY, MARK J
Address: 7154 COVENTRY WOODS CT
City-St-Zip: DUBLIN, OH 43017

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: LINDEN JOSEPH P 01/09/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date