## 2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

## **DOCUMENT # L00000000089**

1. Entity Name

FTAL MILLHOPPER NEPHROLOGY ASSOCIATES, L.C.



Principal Place of Business

4423 NW 6TH PLACE

SUITE A

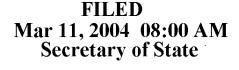
GAINEVILLE, FL 32607

Mailing Address

4423 NW 6TH PLACE

SUITE A

GAINEVILLE, FL 32607





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01212004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 59-3629503

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FINLAYSON, GORDON C M.D. 4423 NW 6TH PLACE SUITE A GAINEVILLE, FL 32607

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2004

U000000085517 03/11/04-80050-016 **50.00** 

MANAGING MEMBERS/MANAGERS
MGRM
FINLAYSON, GORDON C M.D.
4423 NW 6TH PLACE, SUITE A
GAINEVILLE, FL 32607
MGRM
TARRANT, DARRELL G M.D.
4423 NW 6TH PLACE, SUITE A
GAINEVILLE, FL 32607
MGRM
ALFINO, PAUL A M.D.
4423 NW 6TH PLACE, SUITE A
GAINEVILLE, FL 32607
MGRM
LOPEZ-NIETO, CARLOS E
4423 NW 6TH PLACE, SUITE A
GAINEVILLE, FL 32607

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11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 of manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

WHON TUICES OF SIGNANG MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE SIGNATURE AND TYPED OR PRINTED NAME OF SIGN