

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039006

FILED
Jan 04, 2008
Secretary of State

Entity Name: COASTAL KIDNEY CENTERS, LLC

Current Principal Place of Business:

510 MACARTHUR AVE.
PANAMA CITY, FL 324013636

New Principal Place of Business:

Current Mailing Address:

504 MACARTHUR AVE.
PANAMA CITY, FL 324013636

New Mailing Address:

FEI Number: 20-0269784

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, RICHARD F JR.
504 MACARTHUR AVE.
PANAMA CITY, FL 324013636 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: WALKER, RICHARD F JR
Address: 504 MACARTHUR AVE.
City-St-Zip: PANAMA CITY, FL 324013636

Title: MGRM () Delete
Name: DEAN, SCOTT E
Address: 504 MACARTHUR AVE.
City-St-Zip: PANAMA CITY, FL 324013636

Title: MGRM () Delete
Name: RIFAI, A. OUSSAMA
Address: 504 MACARTHUR AVE.
City-St-Zip: PANAMA CITY, FL 324013636

Title: MGRM () Delete
Name: SINICROPE, RONALD
Address: 504 MACARTHUR AVE.
City-St-Zip: PANAMA CITY, FL 324013636

Title: MGRM () Delete
Name: MINGA, TODD
Address: 504 MACARTHUR AVE.
City-St-Zip: PANAMA CITY, FL 324013636

Title: MGRM () Delete
Name: ANDERSON, PATRICIA
Address: 504 MACARTHUR AVE.
City-St-Zip: PANAMA CITY, FL 324013636

ADDITIONS/CHANGES:

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

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

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

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

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

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: MICHAEL FOULK

FA

01/04/2008

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