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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

South Florida Kidney Care, PLLC  
FLORIDA LIMITED LIABILITY CO.  
SOUTH FLORIDA NEPHROLOGISTS, PLLC

FILED  
2013 OCT 30 AM 7:27  
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TALLAHASSEE, FLORIDA

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\*RE-SUBMIT\*

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Electronic Filing Menu Corporate Filing Menu date of submission 10/30



October 31, 2013

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: SOUTH FLORIDA NEPHROLOGISTS, PLLC  
REF: W13000060526

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is : SOUTH FLORIDA NEPHROLOGY, P.A., document number P03000010768.

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

If you have any further questions concerning your document, please call (850) 245-6051.

Tammy Hampton  
Regulatory Specialist III  
Registration/Qualification Section

FAX Aud. #: H13000240744  
Letter Number: 813A00025365

**\*RE-SUBMIT\***

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date of submission 10/30

(850) 245-6051.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: South Florida Kidney Care, PLLC**

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Elizabeth Campbell**

Name of Person

**Robinson, Bradshaw & Hinson, P.A.**

Firm/Company

**101 N. Tryon Street, Suite 1900**

Address

**Charlotte, NC 28246**

City/State and Zip Code

**ecampbell@rbh.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Elizabeth Campbell**

Name of Person

at ( **704** ) **377-8170**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

South Florida Kidney Care, PLLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

4060 Sheridan Street, Suite B  
Hollywood, Florida 33021

**Mailing Address:**

4060 Sheridan Street, Suite B  
Hollywood, Florida 33021

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

C T Corporation System

Name

1200 South Pine Island Road

Florida street address (P.O. Box NOT acceptable)

Plantation

FL

33324

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*



**Ternell Kearney Asst. Secretary**

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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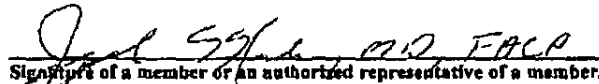
**ARTICLE IV- Manager(s) or Managing Member(s):**  
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
"MGR" = Manager	
"MGRM" = Managing Member	
MGR	Joseph A. Kuhn, M.D., FACP 102 Haywood Road Wilmington, Delaware 19807-1114

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** The specific purpose of the Professional Limited Liability Company is to own and operate a  
REQUIRED SIGNATURE: nephrology physician practice.

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Joseph A. Kuhn, MD, FACP  
\_\_\_\_\_  
Typed or printed name of signee

- Filing Fees:
- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
  - \$ 30.00 Certified Copy (Optional)
  - \$ 5.00 Certificate of Status (Optional)

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