

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L00000000089

1. Entity Name
FTAL MILLHOPPER NEPHROLOGY ASSOCIATES, L.C.



Principal Place of Business

4423 NW 6TH PLACE
SUITE A
GAINESVILLE, FL 32607

Mailing Address

4423 NW 6TH PLACE
SUITE A
GAINESVILLE, FL 32607



01102005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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
GAINESVILLE, FL 32607

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
FINLAYSON, GORDON C M.D.
4423 NW 6TH PLACE, SUITE A
GAINESVILLE, FL 32607

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
TARRANT, DARRELL G M.D.
4423 NW 6TH PLACE, SUITE A
GAINESVILLE, FL 32607

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
ALFINO, PAUL A M.D.
4423 NW 6TH PLACE, SUITE A
GAINESVILLE, FL 32607

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
LOPEZ-NIETO, CARLOS E
4423 NW 6TH PLACE, SUITE A
GAINESVILLE, FL 32607

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

U000000279852
03/29/05-80014-021 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/11/05

Date

352-371-9600

Daytime Phone #