

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 15, 2006 8:00 am
Secretary of State

02-15-2006 90133 004 ****50.00

DOCUMENT # L03000035720

1. Entity Name
NEPHRON INVESTMENTS, LLC



Principal Place of Business Mailing Address
~~275 FAIRWAY CIR.~~ 878 109th Ave No 878 109TH AVE. N.
NAPLES, FL 34110 34108 #2
NAPLES, FL 34108 US

DO NOT WRITE IN THIS SPACE

01242006 No Chg-LLC

CR2E083 (11/05)

4. FEI Number
20-0236340

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUSO, MARK. PHD, MD
878 109TH AVE. N.
#2
NAPLES, FL 34108

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**Filing Fee Is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE P
NAME RUSSO, MARK PHD, MD
STREET ADDRESS 878 109TH AVE. N. #2
CITY-ST-ZIP NAPLES, FL 34108

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CITY-ST-ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Mark S. Russo

2/2/06

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

Date

Daytime Phone #