

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000000089

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

Current Principal Place of Business:

4423 NW 6TH PLACE
SUITE A
GAINESVILLE, FL 32607

Current Mailing Address:

4423 NW 6TH PLACE
SUITE A
GAINESVILLE, FL 32607

FEI Number: 59-3629503

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALFINO, PAUL A M.D.
4423 NW 6TH PLACE
SUITE A
GAINESVILLE, FL 32607 US

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: PAUL A. ALFINO

01/11/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name ALFINO, PAUL A M.D.
Address 4423 NW 6TH PLACE, SUITE A
City-State-Zip: GAINESVILLE FL 32607

Title MGRM
Name LOPEZ-NIETO, CARLOS E M.D.
Address 4423 NW 6TH PLACE, SUITE A
City-State-Zip: GAINESVILLE FL 32607

Title MGRM
Name GEORGE, SATHISH K M.D.
Address 4423 NW 6TH PLACE SUITE A
City-State-Zip: GAINESVILLE FL 32607

Title MGRM
Name KALEEM, AYESHA M.D.
Address 4423 NW 6TH PLACE SUITE A
City-State-Zip: GAINESVILLE FL 32607

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAUL ALFINO

MGRM

01/11/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date