

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000039893

**Entity Name:** NEPHROLOGY CONSULTANTS OF PINELLAS, LLC

**Current Principal Place of Business:**

617 LAKEVIEW ROAD  
SUITE C  
CLEARWATER, FL 33756

**Current Mailing Address:**

617 LAKEVIEW ROAD  
SUITE C  
CLEARWATER, FL 33756

**FEI Number:** 65-1176466

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

DEWBERRY, F. LAWRENCE  
617 LAKEVIEW ROAD  
SUITE C  
CLEARWATER, FL 33756 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name DEWBERRY, FREDERICK L  
Address 617 LAKEVIEW ROAD STE C  
City-State-Zip: CLEARWATER FL 33756

*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:** FREDERICK L. DEWBERRY

**MANAGER**

**03/16/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date