

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004052

FILED
May 08, 2006
Secretary of State

Entity Name: PHYSICIANS RENAL CARE, INC.

Current Principal Place of Business:

3405 NORTH FRONT STREET
HARRISBURG, PA 17110

New Principal Place of Business:

Current Mailing Address:

3405 NORTH FRONT STREET
HARRISBURG, PA 17110

New Mailing Address:

FEI Number: 54-2109728

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LARKIN, WILLIAM S
1627 CANAL COURT
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

CUMMINGS III, CARY MD
2600 ISLAND BLVD
WILLIAMS ISLAND
AVENTURA, FL 33160 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: CARY CUMMINGS III, MD

05/08/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: C () Delete
Name: CUMMINGS, CARY III MD
Address: 3405 NORTH FRONT STREET
City-St-Zip: HARRISBURG, PA 17110

Title: ST () Delete
Name: LENKER, STEPHEN R
Address: 3405 NORTH FRONT STREET
City-St-Zip: HARRISBURG, PA 17110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: C (X) Change () Addition
Name: CUMMINGS III, CARY MD
Address: 3405 NORTH FRONT STREET
City-St-Zip: HARRISBURG, PA 17110

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CARY CUMMINGS III, MD

C

05/08/2006

Electronic Signature of Signing Officer or Director

Date