

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004052

Entity Name: PHYSICIANS RENAL CARE, INC.

FILED
May 02, 2007
Secretary of State

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:

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

Name and Address of New Registered Agent:

PHYSICIANS RENAL CARE OF LEESBURG, LLC
401 EAST NORTH BOULEVARD
LEESBURG, FL 34748 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

05/02/2007

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 III, CARY 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: () Change () Addition
Name:
Address:
City-St-Zip:

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

I hereby certify that the information supplied with this filing does not qualify 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

05/02/2007

Electronic Signature of Signing Officer or Director

Date