

FILED
May 17, 2006 8:00 am
Secretary of State

04-18-2006 90006 044 ****50.00

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

4/18/2

DOCUMENT # L00000000089			
1. Entity Name FTAL MILLHOPPER NEPHROLOGY ASSOCIATES, L.C.			
Principal Place of Business 4423 NW 6TH PLACE SUITE A GAINESVILLE, FL 32607		Mailing Address 4423 NW 6TH PLACE SUITE A GAINESVILLE, FL 32607	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FBI Number 59-3629503		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required		01272006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent FINLAYSON, GORDON C M.D. 4423 NW 6TH PLACE SUITE A GAINESVILLE, FL 32607		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ DATE _____ Signature, print or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when amending)			
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FINLAYSON, GORDON C M.D. 4423 NW 6TH PLACE, SUITE A GAINESVILLE, FL 32607 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TARRANT, DARRELL G M.D. 4423 NW 6TH PLACE, SUITE A GAINESVILLE, FL 32607 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ALFARO, PAUL A M.D. 4423 NW 6TH PLACE, SUITE A GAINESVILLE, FL 32607 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LOPEZ-NIETO, CARLOS E 4423 NW 6TH PLACE, SUITE A GAINESVILLE, FL 32607 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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 609, Florida Statutes.			
SIGNATURE: <i>Gordon Finlayson</i>		2/1/06 352-377-5600	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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