### 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

#### DOCUMENT # L0000000089

1. Entity Name

FTAL MILLHOPPER NEPHROLOGY ASSOCIATES, L.C.



FILED Apr 04, 2008 08:00 Al Secretary of State

Principal Place of Business

4423 NW 6TH PLACE

SUITE A GAINEVILLE, FL 32607 Mailing Address

4423 NW 6TH PLACE

SUITE A

GAINEVILLE, FL 32607



01122008 No Chg-LLC

CR2E083 (12/07)

4. FEI Number 59-3629503

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FINLAYSON, GORDON C M.D. 4423 NW 6TH PLACE SUITE A GAINEVILLE, FL 32607

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| SIGNATURE Signature, typed or printed name of registered agent and little if applicable  | (NOTE Registered Agent signature required when reinstating) | <u> </u>  |
|--|---|---|
| <ol><li>The above named entity submits this statement for the purpose of char<br/>the obligations of registered agent.</li></ol> | inging its registered office or registered agent, or bot    | th, in the State of Florida. I am familiar with, and accept |

#### FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

| 9.              | MANAGING MEMBERS/MANAGERS  |
|-----------------|----------------------------|
| TITLE           | MGRM                       |
| NAME            | FINLAYSON, GORDON C M.D.   |
| STREET ADDRESS  | 4423 NW 6TH PLACE, SUITE A |
| CITY-ST-ZIP     | GAINEVILLE, FL 32607       |
| TITLE           | MGRM                       |
| NAME            | TARRANT, DARRELL G M.D.    |
| STREET ADDRESS  | 4423 NW 6TH PLACE, SUITE A |
| CITY-ST-ZIP     | GAINEVILLE, FL 32607       |
| TITLE           | MGRM                       |
| NAME            | ALFINO, PAUL A M.D.        |
| STREET ADDRESS  | 4423 NW 6TH PLACE, SUITE A |
| CITY-ST-ZIP     | GAINEVILLE, FL 32607       |
| TITLE           | MGRM                       |
| NAME            | LOPEZ-NIETO, CARLOS E      |
| STREET ADDRESS  | 4423 NW 6TH PLACE, SUITE A |
| CITY-ST-ZIP     | GAINEVILLE, FL 32607       |
| TITLE           | MGRM                       |
| NAME            | GEORGE, SATHISH KMD        |
| STREET ADDRESS  | 4423 NW 6TH PLACE SUITE A  |
| CITY - ST - ZIP | GAINESVILLE, FL 32607      |
| TITLE           |                            |
| NAME            |                            |
| STREET ADDRESS  |                            |
| CITY-ST-ZIP     |                            |

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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 hability company or the received or rusee empowered to execute this report as required by Chapter 608. Florida Statutes.

SIGNATURE: X
SIGNATURE AND TYPED OR PRINTED NAM

OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/24/08

352-377-5600

Daytime Phone #