## 2004 UNIFORM RUSINESS REPORT (URB)

200	ONIFORM BOS	ME33 REPU	m le	, DRJ	7	,	
DOCUMENT # L0000007974					FILED		
1. Entity Name COMPREHENSIVE RENAL CARE OF MIAMI, LLC					01 MAR 15 PM 1:00		
						SECRETARY OF STATE	
Principal Place of Business Mailing Address 1172 SOUTH DIXIE HIGHWAY. P.M.B. 188 1172 SOUTH DIXIE HIGHWAY CORAL GABLES FL 33146 CORAL GABLES FL 33146				188		TALLAHASSEE, FLORIDA	
OOME OND	20 12 00140	CONNE CREECO LE CONTO				i reanda du dem dem dem esmi esmi esmi esmi esmi idem idem idem idem idem idem	
2. Principal F	Place of Business	3. Mailing Address 34 AVC					
Suite, Apt	. #, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE	
City & Star	te	City & State  mi omi , [			4. FEI N		
Zip	Country	rv Zip _ C		se	5. Certificate of Status Desired   \$5.00 Additional Fee Required		
1	6. Name and Address of Current I				7. Nam	e and Address of New Registered Agent	
GOSS, PHILIP E JR,ESQ.  Street Address (P.O. Box Number is Not Acceptable)							
1172 SOUTH DIXIE HIGHWAY, P.M.B. 188					P.O. Box N	lumber is Not Acceptable)	
CORAL G	SABLES FL 33146						
		•		ity	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.  SIGNATURE							
SIGNATURE							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
<del>-</del> + *.	eminor de la companya de la company La companya de la companya de	FILE No Make Check Pa		IS \$50.00 epartment of	f State		
9.	MANAGING MEMBE	RS/MEMBERS	10.			ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	FERNANDEZ, JUAN M.D. 1172 SOUTH DIXIE HIGHWAY, P.M.B. 188		TITLE NAME STREET ADI CITY-ST-Z			Change   Addition	
TITLE	MGRM	☐ Delete	TITLE				
NAME STREET ADDRESS	GUTIERREZ, RUDOLFO M.D. 1172 SOUTH DIXIE HIGHWAY, P.	M.B. 188	name Street adi	DRESS 260	01 5	Change   Addition	
CITY-ST-ZIP	CORAL GABLES FL 33146  MGRM		CITY-ST-Z	IP 177.	Bn/j	Change Addition	
NAME STREET ADDRESS	ARCIERO, ANGEL 1172 SOUTH DIXIE HIGHWAY, P.	☐ Delete  M.B. 188	TITLE NAME STREET ADI	DRESS 260	0/9	□ Change □ Addition na 37 Me guite 702	
CITY-ST-ZIP	CORAL GABLES FL 33146		CITY-ST-Z	P M	Bon 1	1, P1. 33/33	
TITLE NAME	_	☐ Delete	TITLE			Change - Addition	
STREET ADDRESS*			STREET ADD				
TITLE	•	☐ Delete	TITLE	"			
NAME STREET ADDRESS			NAME Street adi	NDEGE	•	00000391054fge_0&dition   -03/26/0101149007	
CITY-ST-ZIP			CITY-ST-Z			*****50.00 *****50.00	
TITLE NAME		☐ Delete	TITLE NAME			☐ Change ☐ Addition	
STREET ADDRESS			STREET ADD	i i			
CITY-ST-ZIP	partify that the information supplied with	this filing dose not qualify for	CITY-ST-ZI		otion 110 (	7/3/i) Floride Statutes I further parties that the information	
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.							
SIGNATURE STOCKED 2013/21							
SIGNAT	SIGNATURE AND STPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MAN	AGER, OR AUTH	ORIZED REPRESEN	TATIVE	Date Daytime Phone #	