

2001 UNIFORM BUSINESS REPORT (UBR)

0009726
AT

DOCUMENT # L00000007974

1. Entity Name
COMPREHENSIVE RENAL CARE OF MIAMI, LLC

FILED

01 MAR 15 PM 1:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
1172 SOUTH DIXIE HIGHWAY, P.M.B. 188
CORAL GABLES FL 33146

Mailing Address
1172 SOUTH DIXIE HIGHWAY, P.M.B. 188
CORAL GABLES FL 33146



2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
2601 SW 37 AVE
Suite, Apt. #, etc.
702

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

4. FEI Number
65-1036058

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

Zip
33133

Country
DAVE

6. Name and Address of Current Registered Agent

GOSS, PHILIP E JR, ESQ.
1172 SOUTH DIXIE HIGHWAY, P.M.B. 188
CORAL GABLES FL 33146

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.

SIGNATURE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FERNANDEZ, JUAN M.D. 1172 SOUTH DIXIE HIGHWAY, P.M.B. 188 CORAL GABLES FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2601 SW 37 AVE suite 702 Miami, FL 33133 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUTIERREZ, RUDOLFO M.D. 1172 SOUTH DIXIE HIGHWAY, P.M.B. 188 CORAL GABLES FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2601 SW 37 AVE suite 702 Miami, FL 33133 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARCIERO, ANGEL 1172 SOUTH DIXIE HIGHWAY, P.M.B. 188 CORAL GABLES FL 33146 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2601 SW 37 AVE suite 702 Miami, FL 33133 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	000003910540-03/26/01-01149-007 *****50.00 *****50.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)