

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90082 027 *****50.00

DOCUMENT # L00000007974

1. Entity Name

COMPREHENSIVE RENAL CARE OF MIAMI, LLC

Principal Place of Business

**2601 SW 37TH AVE., #702
 MIAMI FL 33133**

Mailing Address

**2601 SW 37TH AVE., #702
 MIAMI FL 33133**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-1036058

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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
 Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**MGRM
 FERNANDEZ, JUAN M.D.
 2601 SW 37TH AVE., #702
 MIAMI FL 33133**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**MGRM
 GUTIERREZ, RUDOLFO M.D.
 2601 SW 37TH AVE., #702
 MIAMI FL 33133**

☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

**MGRM
 ARCIERO, ANGEL
 2601 SW 37TH AVE., #702
 MIAMI FL 33133**

☐ Delete

TITLE
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 STREET ADDRESS
 CITY-ST-ZIP

☐ Change ☐ Addition

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☐ Change ☐ 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 (9/01)

0007698