

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000005390

FILED  
Mar 18, 2009  
Secretary of State

Entity Name: GULF COAST KIDNEY ASSOCIATES, PL

**Current Principal Place of Business:**

1921 WALDMERE STREET SUITE 306  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

1921 WALDMERE STREET SUITE 306  
SARASOTA, FL 34239

**New Mailing Address:**

FEI Number: 80-0031974

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SHEA, JOHN T  
2940 S. TAMIAMI TRAIL  
SARASOTA, FL 34239 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LAZIN, ANDREW L M.D. PA  
Address: 1425 DIXIE LEE LANE  
City-St-Zip: SARASOTA, FL 34231

Title: MGR ( ) Delete  
Name: PIPOVSKI, LAZO M.D. PA  
Address: 5656 ASHTON LAKE DRIVE  
City-St-Zip: SARASOTA, FL 34231

Title: MGR ( ) Delete  
Name: IMPERIO, DENNIS MD PA  
Address: 6825 TALLMAST CIR  
City-St-Zip: BRADENTON, FL 34202

Title: MGR ( ) Delete  
Name: JENSEN, M.D., PETER P.A.  
Address: 8984 HUNTINGTON POINTE DRIVE  
City-St-Zip: SARASOTA, FL 34238

Title: MGR ( ) Delete  
Name: HING, LORRAINE MD PA  
Address: 832 PLACID LAKE DR  
City-St-Zip: OSPREY, FL 34229

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR (X) Change ( ) Addition  
Name: CHO-CHUNG-HING, LORRAINE S MD PA  
Address: 832 PLACID LAKE DR  
City-St-Zip: OSPREY, FL 34229

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: LAZO PIPOVSKI MD

MGR

03/18/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date