

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000005390

**FILED  
Mar 22, 2011  
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  
269 S OSPREY AVE  
SUITE 100  
SARASOTA, FL 34236 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  
Name: LAZIN, ANDREW L M.D. PA  
Address: 1425 DIXIE LEE LANE  
City-St-Zip: SARASOTA, FL 34231

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

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

Title: MGR  
Name: JENSEN, M.D., PETER P.A.  
Address: 1625 LANDINGS BLVD  
City-St-Zip: SARASOTA, FL 34231

I hereby 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: ANDREW LAZIN

MGR

03/22/2011

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