

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025043

FILED  
Jul 13, 2004  
Secretary of State

**Entity Name:** PATIENT CENTERED RENAL CLINIC, LLC

**Current Principal Place of Business:**

101 HEALTH PARK BOULEVARD  
SUITE 106 / JAKADOFSKY BUILDING  
ST. AUGUSTINE, FL 32086 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 19796  
JACKSONVILLE, FL 32245 US

**New Mailing Address:**

**FEI Number:** 48-1226740

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOUFAS, SHARON E  
240 SOUTHPARK CIRCLE E.  
ST. AUGUSTINE, FL 32086 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/MEMBERS:**

Title: MGRM ( ) Delete  
Name: MARATHE, S S MD  
Address: 240 SOUTH PARK CIR E.  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: MGR ( ) Delete  
Name: MAI, CHEN  
Address: 240 SOUTH PARK CIR E.  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: MGR (X) Delete  
Name: KOUFAS, SHARON  
Address: 240 SOUTH PARK CIR E.  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: MGR (X) Delete  
Name: FARAH, JAMES  
Address: 3060 MERCURY RD, #101  
City-St-Zip: JACKSONVILLE, FL 32207

**ADDITIONS/CHANGES:**

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

Title: MGR (X) Change ( ) Addition  
Name: KOUFAS, SHARON  
Address: 240 SOUTH PARK CIR E.  
City-St-Zip: SAINT AUGUSTINE, FL 32086

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: S.S. MARATHE, M.D.

MGRM

07/13/2004

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