2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2006
Secretary of State

DOCUMENT# L02000025043

Entity Name: PATIENT CENTERED RENAL CLINIC, LLC

Current Principal Place of Business:

240 SOUTH PARK CIRCLE EAST
ST. AUGUSTINE, FL 32086 US

New Principal Place of Business:

Current Mailing Address:

240 SOUTH PARK CIRCLE EAST
ST. AUGUSTINE, FL 32086 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/MANAGERS:

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: KOUFAS, SHARON
Address: 240 SOUTH PARK CIR E.
City-St-Zip: SAINT AUGUSTINE, FL 32086

ADDITIONS/CHANGES:

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 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: S.S. MARATHE MD 04/25/2006

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