

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025043

FILED
Apr 20, 2007
Secretary of State

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:

SHRIRAM, MARATHE S M.D.
240 SOUTHPARK CIRCLE E.
ST. AUGUSTINE, FL 32086 US

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: SHRIRAM MARATHE M.D.

04/20/2007

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 (X) 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: SHRIRAM MARATHE M.D.

MGRM

04/20/2007

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