

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000025043

FILED
Apr 29, 2008
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:

665 STATE ROAD 207
STE 102
ST. AUGUSTINE, FL 32084 US

Current Mailing Address:

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

New Mailing Address:

665 STATE ROAD 207
STE 102
ST. AUGUSTINE, FL 32084 US

FEI Number: 48-1226740

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

SHRIRAM, MARATHE S M.D.
665 STATE ROAD 207
STE 102
ST. AUGUSTINE, FL 32084 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:

04/29/2008

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: MARATHE, S S MD
Address: 665 STATE ROAD 207 STE 102
City-St-Zip: SAINT AUGUSTINE, FL 32084

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: SHRIRAM MARATHE

MD

04/29/2008

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