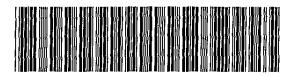
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TRANSMITTAL LETTER

Department of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

SUBJECT: Patient Centered Renal Clinic, LLC.

FROM:

James E. Farah, Esq. 3060 Mercury Rd. Ste. 101 Jacksonville, Florida 32207

Enclosed is a check for \$43.75 for the Filing Fee and Certified Copy.

For further information concerning this matter, please call James E. Farah 3060 Mercury Rd. at (904) 731-7809.

Enclosed are a Statement of Change of Registered Agent and Office for Corporations.

03 HAY 12 AM 11: 17



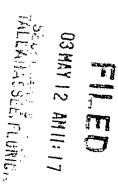
FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 18, 2003

JAMES E. FARAH 3060 MERCURY RD STE. 101 JACKSONVILLE, FL 32207

SUBJECT: PATIENT CENTERED RENAL CLINIC, LLC

Ref. Number: L02000025043



We have received your document for PATIENT CENTERED RENAL CLINIC, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 203A00023465

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00