

# **2005 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000031618

**FILED**  
**Apr 08, 2005**  
**Secretary of State**

**Entity Name:** EAST COAST NEPHROLOGY ASSOCIATES LLC

**Current Principal Place of Business:**

141 SAGEBRUSH TRAIL STE. E  
ORMOND BEACH, FL 32174

**New Principal Place of Business:**

**Current Mailing Address:**

141 SAGEBRUSH TRAIL STE. E  
ORMOND BEACH, FL 32174

**New Mailing Address:**

**FEI Number:** 03-0495420

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ARNOLD, MATHENY & EAGAN, P.A.  
141 SAGEBRUSH TRAIL, SUITE E  
ORMOND BEACH, FL 32174 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:** SINGH, J. PETER  
**Address:** 141 SAGEBRUSH TRAIL SUITE E  
**City-St-Zip:** ORMOND BEACH, FL 32174

**ADDITIONS/CHANGES:**

**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:** J. PETER SINGH

MGRM

04/08/2005

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