2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031618

Entity Name: EAST COAST NEPHROLOGY ASSOCIATES LLC

FILED Apr 06, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

141 SAGEBRUSH TRAIL STE. E 335 CLYDE MORRIS BLVD. ORMOND BEACH, FL 32174

260

ORMOND BEACH, FL 32174 US

Current Mailing Address: New Mailing Address:

141 SAGEBRUSH TRAIL STE. E 335 CLYDE MORRIS BLVD ORMOND BEACH, FL 32174

260

ORMOND BEACH, FL 32174 US

FEI Number: 03-0495420 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

ARNOLD, MATHENY & EAGAN, P.A. SINGH, J. PETER MGRM 141 SAGÉBRUSH TRAIL, SUITE E 335 CLYDE MORRIS BLVD

ORMOND BEACH, FL 32174 260 ORMOND BEACH, FL 32174 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: J. PETER SINGH, M.D. 04/06/2006

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM () Delete Title: MGRM (X) Change () Addition

SINGH, J. PETER SINGH, J. PETER Name: Name: Address: 141 SAGEBRUSH TRAIL SUITE E Address: 335 CLYDE MORRIS BLVD.

City-St-Zip: ORMOND BEACH, FL 32174 City-St-Zip: ORMOND BEACH, FL 32174

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutés. 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.

MGRM SIGNATURE: J. PETER SINGH, M.D. 04/06/2006