

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031618

FILED
Apr 22, 2008
Secretary of State

Entity Name: EAST COAST NEPHROLOGY ASSOCIATES LLC

Current Principal Place of Business:

335 CLYDE MORRIS BLVD.
260
ORMOND BEACH, FL 32174 US

New Principal Place of Business:

Current Mailing Address:

335 CLYDE MORRIS BLVD
260
ORMOND BEACH, FL 32174 US

New Mailing Address:

2 HOLLY FERN CHASE
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:

SINGH, J. PETER MGRM
335 CLYDE MORRIS BLVD
260
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

SINGH, J. PETER MGRM
2 HOLLY FERN CHASE
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

04/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SINGH, J. PETER
Address: 335 CLYDE MORRIS BLVD.
City-St-Zip: ORMOND BEACH, FL 32174

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SINGH, J. PETER
Address: 2 HOLLY FERN CHASE
City-St-Zip: ORMOND BEACH, FL 32174

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: J. PETER SINGH

MGRM

04/22/2008

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