2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# L02000031618

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:

2 HOLLY FERN CHASE
ORMOND BEACH, FL 32174 US

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:

SINGH, J. PETER MGRM
2 HOLLY FERN CHASE
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/MANAGERS:

Title: MGRM ( ) Delete
Name: SINGH, J. PETER
Address: 2 HOLLY FERN CHASE
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 US

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 04/20/2009

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