

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 18, 2003 8:00 am
Secretary of State

03-18-2003 90155 002 ****50.00

DOCUMENT # L02000031618

1. Entity Name

EAST COAST NEPHROLOGY ASSOCIATES LLC



DO NOT WRITE IN THIS SPACE

30043133

2. Principal Place of Business

141 SAGEBRUSH TRAIL STE E

3. Mailing Address

141 SAGEBRUSH TRAIL STE E

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

ORMOND BEACH, FL

City & State

ORMOND BEACH, FL

4. FEI Number

03-0495420

Applied For

Not Applicable

Zip

32174

Country

USA

Zip

32174

Country

USA

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

J. Peter SINGH

Street Address (P.O. Box Number is Not Acceptable)

141 SAGEBRUSH TRAIL STE E

City

ORMOND BEACH

FL

Zip Code

32174

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

X J. Peter SINGH, MD

X 2/28/03

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	PRESIDENT
NAME	J. Peter SINGH
STREET ADDRESS	141 SAGEBRUSH TRAIL STE E
CITY-ST-ZIP	ORMOND BEACH, FL 32174
TITLE	
NAME	
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CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify 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 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: X J. Peter SINGH, MD

X 2/28/03

386-672-4001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/02)