

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000009105

Entity Name: RENAL DOCS, LLC

FILED
Mar 19, 2009
Secretary of State

Current Principal Place of Business:

2001 MEDICAL BUILDING
2001 N.E. 48TH COURT
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

2001 MEDICAL BUILDING
2001 N.E. 48TH COURT
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 20-0290956

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BEJAR, CARLOS M.D.
2001 NORTHEAST 48 COURT
SUITE 4
FORT LAUDERDALE, FL 33308 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: MGR () Delete
Name: BEJAR, CARLOS M.D.
Address: 2001 NE 48 COURT
City-St-Zip: FT LAUDERDALE, FL 33308

Title: MGR () Delete
Name: VALLE, GABRIEL M.D.
Address: 2001 NE 48 COURT
City-St-Zip: FT LAUDERDALE, FL 33308

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CARLOS BEJAR

MGR

03/19/2009

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