

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000017981

FILED
Apr 30, 2007
Secretary of State

Entity Name: THE KIDNEY GROUP, L.L.C.

Current Principal Place of Business:

1964 BAYSHORE BLVD
SUITE C
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

1964 BAYSHORE BLVD.
SUITE C
DUNEDIN, FL 34698

New Mailing Address:

FEI Number: 03-0518383

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEES, JANET R
1964 BAYSHORE BLVD.
SUITE C
DUNEDIN, FL 34698 US

Name and Address of New Registered Agent:

CLARK, JUNE A
1964 BAYSHORE BLVD.
SUITE C
DUNEDIN, FL 34698 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: JUNE A. CLARK

04/30/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CAMPBELL, DANA
Address: 1964 BAYSHORE BLVD
City-St-Zip: DUNEDIN, FL 34698

Title: MGRM () Delete
Name: DEES, JANET
Address: 1964 BAYSHORE BLVD
City-St-Zip: DUNEDIN, FL 34698

Title: MGRM () Delete
Name: CLARK, JUNE
Address: 1964 BAYSHORE BLVD
City-St-Zip: DUNEDIN, FL 34698

ADDITIONS/CHANGES:

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

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: JUNE A. CLARK

VP

04/30/2007

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