

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 20, 2007 8:00 am**  
**Secretary of State**

02-20-2007 90370 028 \*\*\*\*50.00

**DOCUMENT # L03000021860**

1. Entity Name  
**RENAL PHARMACY SERVICES, LLC**



Principal Place of Business  
**19559 NORTHEAST 10TH AVE  
NORTH MIAMI BEACH, FL 33179**

Mailing Address  
**19559 NORTHEAST 10TH AVE  
NORTH MIAMI BEACH, FL 33179**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01082007 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-0050159**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

**BIRNBAUM, MARC P.A.  
1041 IVES DAIRY RD  
SUITE 238  
MIAMI, FL 33179**

## 7. Name and Address of New Registered Agent

Name **BIRNBAUM, MARC P**  
Street Address (P.O. Box Number is Not Acceptable)  
**1041 IVES DAIRY RD STE 228**  
City **MIAMI** FL Zip Code **33179**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2007**

**Make check payable to  
Florida Department of State**

## 9. MANAGING MEMBERS/MANAGERS

TITLE **MGRM** ☐ Delete  
NAME **PDA HOLDINGS OF FLORIDA, INC**  
STREET ADDRESS **19559 NORTHEAST 10TH AVE**  
CITY-ST-ZIP **NORTH MIAMI BEACH, FL 33179**

TITLE **D** ☐ Delete  
NAME **JACOB, ALLAN**  
STREET ADDRESS **4345 N MERIDIAN AVE**  
CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE **V** ☐ Delete  
NAME **FERNANDEZ, ARTURO**  
STREET ADDRESS **2021 NW 178 TERR**  
CITY-ST-ZIP **PEMBROKE PINES, FL 33029**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **Arturo Fernandez**

**1125107**

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

Date

Daytime Phone #