

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90201 036 ****50.00

DOCUMENT # L03000034435

1. Entity Name
510 NEPHRON, L.L.C.



Principal Place of Business
510 NORTH MACARTHUR AVENUE
PANAMA CITY, FL 32401

Mailing Address
504 NORTH MACARTHUR AVENUE
PANAMA CITY, FL 32401

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

01222007 Chg-LLC CR2E083 (12/06)

4. FEI Number
80-0075485

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

WALKER, RICHARD F JR
504 NORTH MACARTHUR AVENUE
PANAMA CITY, FL 32401

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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 WALKER, RICHARD F JR
STREET ADDRESS 504 NORTH MACARTHUR AVENUE
CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE MGRM ☐ Delete
NAME DEAN, SCOTT E
STREET ADDRESS 504 NORTH MACARTHUR AVENUE
CITY-ST-ZIP PANAMA CITY, FL 32401

TITLE MGRM ☐ Delete
NAME RIFAI, A. OUSSAMA
STREET ADDRESS 504 NORTH MACARTHUR AVENUE
CITY-ST-ZIP PANAMA CITY, FL 32401

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 MGRM ☐ Change ☒ Addition
NAME Sinicrope, Ronald A.
STREET ADDRESS 504 North MacArthur Avenue
CITY-ST-ZIP Panama city, FL 32401

TITLE MGRM ☐ Change ☒ Addition
NAME Anderson, Patricia J.
STREET ADDRESS 504 North MacArthur Avenue
CITY-ST-ZIP Panama City, FL 32401

TITLE MGRM ☐ Change ☒ Addition
NAME Minga, Todd E.
STREET ADDRESS 504 North MacArthur Avenue
CITY-ST-ZIP Panama City, FL 32401

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

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

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:

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

02/01/07 (850) 769-2158

Date

Daytime Phone #