

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039006

FILED
Mar 31, 2009
Secretary of State

Entity Name: COASTAL KIDNEY CENTERS, LLC

Current Principal Place of Business:

510 MACARTHUR AVE.
PANAMA CITY, FL 324013636

New Principal Place of Business:

510 N MACARTHUR AVE.
PANAMA CITY, FL 324013636

Current Mailing Address:

504 MACARTHUR AVE.
PANAMA CITY, FL 324013636

New Mailing Address:

504 N MACARTHUR AVE.
PANAMA CITY, FL 324013636

FEI Number: 20-0269784

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALKER, RICHARD F JR.
504 MACARTHUR AVE.
PANAMA CITY, FL 324013636 US

Name and Address of New Registered Agent:

WALKER, RICHARD F JR.
504 N MACARTHUR AVE.
PANAMA CITY, FL 324013636 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:

03/31/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WALKER, RICHARD F JR
Address: 504 MACARTHUR AVE.
City-St-Zip: PANAMA CITY, FL 324013636

Title: MGRM () Delete
Name: DEAN, SCOTT E
Address: 504 MACARTHUR AVE.
City-St-Zip: PANAMA CITY, FL 324013636

Title: MGRM () Delete
Name: RIFAI, A. OUSSAMA
Address: 504 MACARTHUR AVE.
City-St-Zip: PANAMA CITY, FL 324013636

Title: MGRM () Delete
Name: SINICROPE, RONALD
Address: 504 MACARTHUR AVE.
City-St-Zip: PANAMA CITY, FL 324013636

Title: MGRM () Delete
Name: MINGA, TODD
Address: 504 MACARTHUR AVE.
City-St-Zip: PANAMA CITY, FL 324013636

Title: MGRM () Delete
Name: ANDERSON, PATRICIA
Address: 504 MACARTHUR AVE.
City-St-Zip: PANAMA CITY, FL 324013636

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WALKER, RICHARD F JR
Address: 504 N MACARTHUR AVE.
City-St-Zip: PANAMA CITY, FL 324013636

Title: MGRM (X) Change () Addition
Name: DEAN, SCOTT E
Address: 504 N MACARTHUR AVE.
City-St-Zip: PANAMA CITY, FL 324013636

Title: MGRM (X) Change () Addition
Name: RIFAI, A. OUSSAMA
Address: 121 COTTONWOOD
City-St-Zip: LYNN HAVEN, FL 32444

Title: MGRM (X) Change () Addition
Name: SINICROPE, RONALD
Address: 504 N MACARTHUR AVE.
City-St-Zip: PANAMA CITY, FL 324013636

Title: MGRM (X) Change () Addition
Name: MINGA, TODD
Address: 504 N MACARTHUR AVE.
City-St-Zip: PANAMA CITY, FL 324013636

Title: MGRM (X) Change () Addition
Name: ANDERSON, PATRICIA
Address: 1908 DEWITT
City-St-Zip: PANAMA CITY, FL 32401

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: RICHARD F. WALKER, JR.

MGRM

03/31/2009

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