

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039006

FILED
Mar 19, 2012
Secretary of State

Entity Name: COASTAL KIDNEY CENTERS, LLC

Current Principal Place of Business:

510 N MACARTHUR AVE.
PANAMA CITY, FL 324013636

New Principal Place of Business:

Current Mailing Address:

504 N MACARTHUR AVE.
PANAMA CITY, FL 324013636

New Mailing Address:

FEI Number: 20-0269784

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

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

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

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

I hereby 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., M.D.

MGRM

03/19/2012

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