2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 13, 2005
Secretary of State

DOCUMENT# L04000000286

Entity Name: PHYSICIANS RENAL CARE OF LEESBURG, LLC

Current Principal Place of Business:

104 EAST DIXIE AVE
LEESBURG, FL 34748

New Principal Place of Business:

401 EAST NORTH BLVD.
LEESBURG, FL 34748

Current Mailing Address:

104 EAST DIXIE AVE
LEESBURG, FL 34748

New Mailing Address:

401 EAST NORTH BLVD.
LEESBURG, FL 34748

FEI Number: 41-2126140 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

LARKIN, WILLIAM S
1627 CANAL CT
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

THORNTON, KERREY RN
401 EAST NORTH BLVD.
LEESBURG, FL 34748 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: KERREY THORNTON, RN 07/13/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR. ( ) Change (X) Addition
Name: PHYSICIANS RENAL CAR, E, INC.
Address: 3405 NORTH FRONT STREET
City-St-Zip: HARRISBURG, PA 17110 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CARY CUMMINGS III DR 07/13/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date