

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000000286

**FILED**  
**Oct 18, 2006**  
**Secretary of State**

**Entity Name:** PHYSICIANS RENAL CARE OF LEESBURG, LLC

**Current Principal Place of Business:**

401 EAST NORTH BLVD.  
LEESBURG, FL 34748

**New Principal Place of Business:**

**Current Mailing Address:**

401 EAST NORTH BLVD.  
HARRISBURG, PA 17110

**New Mailing Address:**

**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:**

**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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

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

**ADDITIONS/CHANGES:**

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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:** CARY CUMMINGS III, MD

MGR

10/18/2006

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