

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000002728

**FILED**  
**Jun 25, 2010**  
**Secretary of State**

**Entity Name:** PENSACOLA NEPHROLOGY PARTNERS, LLC

**Current Principal Place of Business:**

1717 NORTH E STREET  
SUITE 403  
PENSACOLA, FL 32501

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 17033  
PENSACOLA, FL 32522

**New Mailing Address:**

PO BOX 17033  
PENSACOLA, FL 32522 US

**FEI Number:** 75-3144266

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

FRIEDLAND, EDWARD  
1717 NORTH E STREET  
SUITE 403  
PENSACOLA, FL 32501 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: HUMEDA, HUMAM  
Address: 1717 NORTH E STREET  
City-St-Zip: PENSACOLA, FL 32501

Title: MGRM  
Name: FRIEDLAND, EDWARD  
Address: 1717 NORTH E STREET  
City-St-Zip: PENSACOLA, FL 32501

Title: MGRM  
Name: WILES, RONNIE  
Address: 1717 NORTH E STREET  
City-St-Zip: PENSACOLA, FL 32501

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: EDWARD FRIEDLAND

VP

06/25/2010

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