2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 06, 2005
Secretary of State

DOCUMENT# L04000015186

Entity Name: PHYSICIANS RENAL CARE REALTY OF LEESBURG, LLC

Current Principal Place of Business:

104 EAST DIXIE AVENUE
LEESBURG, FL 34748

New Principal Place of Business:

401 E. NORTH BLVD.
LEESBURG, FL 34748

Current Mailing Address:

104 EAST DIXIE AVENUE
LEESBURG, FL 34748

New Mailing Address:

401 E. NORTH BLVD.
LEESBURG, FL 34748

FEI Number: 90-0156792 **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 COURT
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

CORTEZA, QUINTINA MD
401 E. 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: QUINTINA CORTEZA, MD 09/06/2005
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: CUMMINGS III, CARY MD
Address: 3405 N. FRONT STREET
City-St-Zip: HARRISBURG, PA 17110

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 MGR 09/06/2005
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date