

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000015186

FILED
May 08, 2006
Secretary of State

Entity Name: PHYSICIANS RENAL CARE REALTY OF LEESBURG, LLC

Current Principal Place of Business:

401 E. NORTH BLVD.
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

401 E. NORTH BLVD.
LEESBURG, FL 34748

New Mailing Address:

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:

CORTEZA, QUINTINA MD
401 E. NORTH BLVD.
LEESBURG, FL 34748 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: MGR () Delete
Name: CUMMINGS III, CARY MD
Address: 3405 N. 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

05/08/2006

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