

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022915

**FILED**  
**Apr 26, 2005**  
**Secretary of State**

**Entity Name:** RENAL CAREPARTNERS OF CORAL GABLES, LLC

**Current Principal Place of Business:**

14361 COMMERCE WAY, STE. 306  
MIAMI LAKES, FL 33016

**New Principal Place of Business:**

**Current Mailing Address:**

14361 COMMERCE WAY, STE. 306  
MIAMI LAKES, FL 33016

**New Mailing Address:**

**FEI Number:** 47-0941764

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BAUMAN, BRYAN  
1111 BRICKELL AVENUE, STE 2150  
MIAMI, FL 33131 US

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

BAUMAN, BRYAN  
11820 NW 37TH STREET  
CORAL SPRINGS, FL 33065 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:**

04/26/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGR ( ) Delete  
**Name:** LUGO, ORESTES  
**Address:** 14361 COMMERCE WAY, STE. 306  
**City-St-Zip:** MIAMI LAKES, FL 33016

**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 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:** ORESTES LUGO

MGR

04/26/2005

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