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2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L04000022915			
1. Entity Name RENAL CAREPARTNERS OF CORAL GABLES, LLC			
Principal Place of Business 14361 COMMERCE WAY, STE. 306 MIAMI LAKES, FL 33016		Mailing Address 14361 COMMERCE WAY, STE. 306 MIAMI LAKES, FL 33016	
2. Principal Place of Business - No P.O. Box # 2601 S.W. 37th Ave		3. Mailing Address	
Suite, Apt. #, etc. # 138		Suite, Apt. #, etc.	
City & State Miami, FL		City & State	
Zip 33133	Country DADE	Zip	Country
6. Name and Address of Current Registered Agent BAUMAN, BRYAN 11820 NW 37TH STREET CORAL SPRINGS, FL 33065		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LUGO, ORESTES 14361 COMMERCE WAY, STE. 306 MIAMI LAKES, FL 33016 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600095883636 04/05/07--01029--014 **350.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		1/29/07 305-512-0014 Date Daytime Phone #	

FILED

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CLERK OF STATE
TALLAHASSEE, FLORIDA



01252007 Chg-LLC CR2E083 (12/06)

4. FEI Number
47-0941764

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional Fee Required