

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90134 032 ***138.75

DOCUMENT # L04000022915

1. Entity Name
RENAL CAREPARTNERS OF CORAL GABLES, LLC



Principal Place of Business
**2601 SW 37TH AVE
#138
MIAMI, FL 33133**

Mailing Address
**14361 COMMERCE WAY
STE 306
MIAMI LAKES, FL 33016**

60019669



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03102008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number
47-0941764

Applied For
Not Applied

Zip

Country

Zip

Country

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS / MANAGERS

TITLE NAME MGR LUGO, ORESTES ☒ Delete
STREET ADDRESS 14361 COMMERCE WAY, STE. 306
CITY-ST-ZIP MIAMI LAKES, FL 33016

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE NAME **MR-RM Renal Carepartners, Inc** ☒ Change ☐ Ad
STREET ADDRESS **14361 Commerce Way, Ste. 306**
CITY-ST-ZIP **Miami Lakes, FL 33016**

TITLE NAME ☐ Change ☐ Ad
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

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: