

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000022915

**FILED**  
**Mar 23, 2009**  
**Secretary of State**

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

**Current Principal Place of Business:**

2601 SW 37TH AVE  
#138  
MIAMI, FL 33133

**New Principal Place of Business:**

**Current Mailing Address:**

14361 COMMERCE WAY  
STE 306  
MIAMI LAKES, FL 33016

**New Mailing Address:**

4000 HOLLYWOOD BLVD  
STE 300 N  
HOLLYWOOD, FL 33021

**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  
11820 NW 37TH STREET  
CORAL SPRINGS, FL 33065 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:** MGRM ( ) Delete  
**Name:** RENAL CARE PARTNERS., INC  
**Address:** 14361 COMMERCE WAY STE 306  
**City-St-Zip:** HIALEAH, FL 33016

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** RENAL CARE PARTNERS., INC  
**Address:** 4000 HOLLYWOOD BLVD  
**City-St-Zip:** HOLLYWOOD, FL 33021

I hereby certify that the information supplied with this filing does not qualify 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:** ORESTES LUGO

VP

03/23/2009

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