

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000024861

FILED
May 02, 2007
Secretary of State

Entity Name: PHYSICIANS RENAL CARE OF MACCLENNY REAL ESTATE, LLC

Current Principal Place of Business:

3405 NORTH FRONT STREET
HARRISBURG, PA 17110 US

New Principal Place of Business:

Current Mailing Address:

3405 NORTH FRONT STREET
HARRISBURG, PA 17110 US

New Mailing Address:

FEI Number: 06-1721673 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:

CUMMINGS III, CARY MD
2600 ISLAND BLVD
WILLIAMS ISLAND
AVENTURA, FL 33160 US

Name and Address of New Registered Agent:

CUMMINGS III, CARY MD
401 EAST NORTH BLVD
LEESBURG, FL 34748 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: CARY CUMMINGS III, MD

05/02/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CUMMINGS III, CARY MD
Address: 3405 NORTH FRONT STREET
City-St-Zip: HARRISBURG, PA 17110 US

Title: MGRM () Delete
Name: HAIDER, NAEEM MD
Address: 3599 UNIVERSITY BLVD., SUITE 805
City-St-Zip: JACKSONVILLE, FL 32216 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CARY CUMMINGS III, MD

MGRM

05/02/2007

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