2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2007
Secretary of State

DOCUMENT# L04000037116

Entity Name: AMELIA ISLAND DIALYSIS OF PHYSICIANS RENAL CARE, LLC

Current Principal Place of Business:

1525 LIME STREET
SUITE 120
FERNANDINA BEACH, FL 32034

New Principal Place of Business:

Current Mailing Address:

3405 NORTH FRONT STREET
HARRISBURG, PA 17110

New Mailing Address:

FEI Number: 90-0171829 **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, CARY III
2600 ISLAND BLVD.
WILLIAMS ISLAND
AVENTURA, FL 33160 US

Name and Address of New Registered Agent:

CUMMINGS, CARY III
401 E. 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: MGR ( ) Delete
Name: CUMMINGS, CARY III
Address: 3405 NORTH FRONT STREET
City-St-Zip: HARRISBURG, PA 17110

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 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 MGR 05/02/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date