

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000059570

**FILED**  
**Nov 02, 2011**  
**Secretary of State**

**Entity Name:** WEST ORANGE NEPHROLOGY LLC

**Current Principal Place of Business:**

10000 WEST COLONIAL DRIVE  
SUITE 180  
OCOE, FL 34761

**New Principal Place of Business:**

**Current Mailing Address:**

10000 WEST COLONIAL DRIVE  
SUITE 180  
OCOE, FL 34761

**New Mailing Address:**

**FEI Number:** 20-1480527

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BANJI AWOSIKA  
1407 SELBYDON WAY  
WINTER GARDEN, FL 34787 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: BANJI AWOSIKA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** AWOSIKA, BANJI CEO  
**Address:** 10000 WEST COLONIAL DRIVE, SUITE 180  
**City-St-Zip:** OCOE, FL 34761

I hereby 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: BANJI AWOSIKA

MGRM

11/02/2011

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