

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061383

FILED  
May 13, 2005  
Secretary of State

**Entity Name:** THE KIDNEY AND HYPERTENSION CENTER, P.L.C.

**Current Principal Place of Business:**

9063 POINT CYPRESS DR.  
ORLANDO, FL 32836

**New Principal Place of Business:**

306 SOUTH 10TH STREET  
HAINES CITY, FL 33844

**Current Mailing Address:**

9063 POINT CYPRESS DR.  
ORLANDO, FL 32836

**New Mailing Address:**

FEI Number: 20-1518859      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:**

NAVANI, ANIL H  
9695 CAMBERLEY CIRCLE  
ORLANDO, FL 32836 US

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

NAVANI, ANIL H  
9063 POINT CYPRESS DR.  
ORLANDO, FL 32836 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:

05/13/2005

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGRM ( ) Delete  
Name: NAVANI, ANIL H  
Address: 9695 CAMBERLEY CIRCLE  
City-St-Zip: ORLANDO, FL 32836

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: NAVANI, ANIL H  
Address: 9063 POINT CYPRESS DRIVE  
City-St-Zip: ORLANDO, FL 32836

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: ANIL NAVANI

MGRM

05/13/2005

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