

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061383

FILED
Jan 31, 2007
Secretary of State

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

Current Principal Place of Business:

306 SOUTH 10TH STREET
HAINES CITY, FL 33844

New Principal Place of Business:

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 ()

Name and Address of Current Registered Agent:

NAVANI, ANIL H
9063 POINT CYPRESS DR.
ORLANDO, FL 32836 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: NAVANI, ANIL H
Address: 9063 POINT CYPRESS DRIVE
City-St-Zip: ORLANDO, FL 32836

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 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: ANIL NAVANI

MGRM

01/31/2007

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