

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000075907

FILED
Dec 07, 2005
Secretary of State

Entity Name: PHYSICIANS RENAL CARE OF LADY LAKE REALTY, LLC

Current Principal Place of Business:

1627 CANAL COURT
TAVARES, FL 32778

New Principal Place of Business:

401 EAST NORTH BLVD.
LEESBURG, FL 34748

Current Mailing Address:

1627 CANAL COURT
TAVARES, FL 32778

New Mailing Address:

401 EAST NORTH BLVD.
LEESBURG, FL 34748

FEI Number: 73-1722099 **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:

LARKIN, WILLIAM S
1627 CANAL COURT
TAVARES, FL FL US

Name and Address of New Registered Agent:

CORTEZA, QUINTINA 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: QUINTINA CORTEZA, MD

12/07/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CORTEZA, QUINTINA
Address: 104 E. DIXIE AVE
City-St-Zip: LEESBURG, FL 34748

Title: MGRM () Delete
Name: CUMMINGS, CARY
Address: 3405 NORTH FRONT ST.
City-St-Zip: HARRISBURG, PA 17110

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CORTEZA, QUINTINA
Address: 401 EAST NORTH BLVD.
City-St-Zip: LEESBURG, FL 34748

Title: MGRM (X) Change () Addition
Name: CUMMINGS III, CARY MD
Address: 3405 NORTH FRONT ST.
City-St-Zip: HARRISBURG, PA 17110

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: CARY CUMMINGS III, MD

MGRM

12/07/2005

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