

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075907

FILED
May 02, 2007
Secretary of State

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

Current Principal Place of Business:

401 EAST NORTH BLVD.
LEESBURG, FL 34748

New Principal Place of Business:

Current Mailing Address:

401 EAST NORTH BLVD.
LEESBURG, FL 34748

New Mailing Address:

3405 NORTH FRONT STREET
HARRISBURG, PA 17102 24

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:

CORTEZA, QUINTINA MD
401 EAST NORTH BLVD.
LEESBURG, FL 34748 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: CORTEZA, QUINTINA
Address: 401 EAST NORTH BLVD.
City-St-Zip: LEESBURG, FL 34748

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

ADDITIONS/CHANGES:

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

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

MGRM

05/02/2007

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