

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075907

FILED
Apr 30, 2008
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:

401 EAST NORTH BLVD.
QUINTINA CORTEZA, MD
LEESBURG, FL 34748

Current Mailing Address:

3405 NORTH FRONT STREET
HARRISBURG, PA 17102 24

New Mailing Address:

3405 NORTH FRONT STREET
HARRISBURG, PA 17110

FEI Number: 73-1722099

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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 MD
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

04/30/2008

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