

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jun 16, 2005 8:00 am
Secretary of State

05-02-2005 90374 006 ****50.00

DOCUMENT # L04000087908					
1. Entity Name PHYSICIANS RENAL CARE OF MACCLENNY, LLC					
Principal Place of Business 3405 NORTH FRONT STREET HARRISBURG, PA 17110			Mailing Address 3405 NORTH FRONT STREET HARRISBURG, PA 17110		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-2980752	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent LARKIN, WILLIAM 1627 CANAL COURT TAVARES, FL 32778			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$80.00 Due by May 1, 2005		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM PHYSICIANS RENAL CARE, INC. 1627 CANAL COURT TAVARES, FL 32778	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	3405 NORTH FRONT STREET HARRISBURG, PA 17110	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>Stephen P. Bender</u>			4/27/05 717 236-4682		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

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