2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 08, 2006
Secretary of State

DOCUMENT# L04000087908

Entity Name: PHYSICIANS RENAL CARE OF MACCLENNY, LLC

Current Principal Place of Business:

3405 NORTH FRONT STREET
HARRISBURG, PA 17110

New Principal Place of Business:

Current Mailing Address:

3405 NORTH FRONT STREET
HARRISBURG, PA 17110

New Mailing Address:

FEI Number: 20-2980752 **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
1627 CANAL COURT
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

CUMMINGS III, CARY MD
2600 ISLAND BLVD
WILLIAMS ISLAND
AVENTURA, FL 33160 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: CARY CUMMINGS III, MD 05/08/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PHYSICIANS RENAL CAR, E, INC.
Address: 3405 NORTH FRONT STREET
City-St-Zip: HARRISBURG, PA 17110

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: CARY CUMMINGS III, MD MGRM 05/08/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date