

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000087908

**FILED**  
**May 02, 2007**  
**Secretary of State**

**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:**

CUMMINGS III, CARY MD  
2600 ISLAND BLVD  
WILLIAMS ISLAND  
AVENTURA, FL 33160 US

**Name and Address of New Registered Agent:**

CUMMINGS III, CARY 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: CARY CUMMINGS III, MD

05/02/2007

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 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