


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 07, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # L04000094194</b> 1. Entity Name <b>KIDNEY SPECIALISTS OF THE PALM BEACHES LLC</b>	
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Principal Place of Business <b>5887 LAKE WORTH ROAD GREENACRES, FL 33463 US</b>	Mailing Address <b>5887 LAKE WORTH ROAD GREENACRES, FL 33463 US</b>
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07022008No Chg-LLC CR2E083 (12/07)

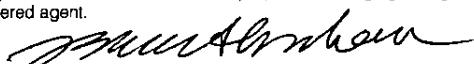
4. FEI Number <b>20-2069671</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**ABRAHAM, MOHAN  
5887 LAKE WORTH ROAD  
GREENACRES, FL 33463**

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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:  DATE: \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)


<b>FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008</b>	In accordance with s. 607.193(2)(b), F.S.; the limited liability company did not receive the prior notice.	<b>U00000953581 07/07/08-80004-012 138.75</b>
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9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR KIDNEY, HYPERTENSION &amp; IM SPECIALISTS LLC 6567 DUCKWEED ROAD LAKEWORTH, FL 33426</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>MGR ABRAHAM MEDICAL ASSOCIATES PA 5887 LAKE WORTH ROAD GREENACRES, FL 33463</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  **7/2/08 5618684846**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #