

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000094194

FILED
Jan 21, 2009
Secretary of State

Entity Name: KIDNEY SPECIALISTS OF THE PALM BEACHES LLC

Current Principal Place of Business:

5887 LAKE WORTH ROAD
GREENACRES, FL 33463 US

New Principal Place of Business:

Current Mailing Address:

5887 LAKE WORTH ROAD
GREENACRES, FL 33463 US

New Mailing Address:

FEI Number: 20-2069671

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

ABRAHAM, MOHAN ISAAC
5887 LAKE WORTH ROAD
GREENACRES, FL 33463 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: MOHAN ISAAC ABRAHAM

01/21/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: KIDNEY, HYPERTENSION, & IM SPECIALI S TS LLC
Address: 6567 DUCKWEED ROAD
City-St-Zip: LAKEWORTH, FL 33426 US

Title: MGR () Delete
Name: ABRAHAM MEDICAL ASSO, CIATES PA
Address: 5887 LAKE WORTH ROAD
City-St-Zip: GREENACRES, FL 33463 US

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: MOHAN ISAAC ABRAHAM

MGR

01/21/2009

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