


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90142 045 ****50.00

DOCUMENT # L05000003129	
1. Entity Name NEPHROLOGY ASSOCIATES OF MACCLENNY, L.L.C.	

Principal Place of Business 3599 UNIVERSITY BLVD. SOUTH, SUITE 805 JACKSONVILLE, FL 32216	Mailing Address 3599 UNIVERSITY BLVD. SOUTH, SUITE 805 JACKSONVILLE, FL 32216
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60025487



2. Principal Place of Business - No P.O. Box # 4131 University Blvd. S.	3. Mailing Address 4131 University Blvd. S.
Suite, Apt. #, etc. 6	Suite, Apt. #, etc. 6
City & State	City & State
Zip	Country

02222007 Chg-LLC CR2E083 (12/06)

4. FEI Number 20-3049908		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent ASHOURI, SAMI 3599 UNIVERSITY BLVD. #805 JACKSONVILLE, FL 32216		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4131 University Blvd. S. Suite 6 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 \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ASHOURI, SAMI 3599 UNIVERSITY BLVD. SOUTH, SUITE 805 JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4131 University Blvd. S., # 6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CU, GIL A 3599 UNIVERSITY BLVD. SOUTH, SUITE 805 JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4131 University Blvd. S., # 6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HAIDER, NAEEM 3599 UNIVERSITY BLVD. SOUTH, SUITE 805 JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4131 University Blvd. S., # 6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HARMON, IRA 3599 UNIVERSITY BLVD. SOUTH, SUITE 805 JACKSONVILLE, FL 32216 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4131 University Blvd. S., # 6
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/10/07

Date Daytime Phone *