

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

1/29

FILED
Feb 19, 2007 8:00 am
Secretary of State

01-29-2007 90150 023 ****50.00

DOCUMENT # L05000035719

1. Entity Name
KIDNEY INTERVENTION CENTER, LLC



Principal Place of Business
**878 109TH AVENUE NORTH
NAPLES, FL 34108**

Mailing Address
**878 109TH AVENUE NORTH
NAPLES, FL 34108**



01092007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2719286

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

FOWLER-WHITE-B
5811 PELICAN BLVD
NAPLES, FL 34108
Change to: **Mark S. Russo, MD, PhD**
878 109th Avenue No. Suite # 2
Naples, FL 34108

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
MGRM
RUSSO, MARK MD
878 109TH AVE NORTH
NAPLES, FL 34108

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

2/16/07

239
513-7002