

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000038903

FILED  
Apr 22, 2009  
Secretary of State

**Entity Name:** ST. AUGUSTINE RENAL ASSOCIATES, PLLC

**Current Principal Place of Business:**

665 STATE ROAD 207  
STE 102  
ST. AUGUSTINE, FL 32084

**New Principal Place of Business:**

**Current Mailing Address:**

665 STATE ROAD 207  
STE 102  
ST. AUGUSTINE, FL 32084

**New Mailing Address:**

**FEI Number:** 20-2776730

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MARATHE, SHRIRAM M.D.  
665 STATE ROAD 207  
STE 102  
ST. AUGUSTINE, FL 32084 US

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

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MARATHE, SHRIRAM S M.D.  
Address: 665 STATE ROAD 207 STE 102  
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: MGRM ( ) Delete  
Name: JAYACHANDRA, PAUL M.D.  
Address: 665 STATE ROAD 207 STE 102  
City-St-Zip: ST. AUGUSTINE, FL 32084

**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: SHRIRAM S. MARATHE MD

MGRM

04/22/2009

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