

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059790

FILED  
Apr 27, 2007  
Secretary of State

Entity Name: NEPHROLOGY MANAGEMENT GROUP, L.L.C.

**Current Principal Place of Business:**

9193 SW 72 STREET #200  
MIAMI, FL 33175

**New Principal Place of Business:**

**Current Mailing Address:**

9193 SW 72 STREET #200  
MIAMI, FL 33175

**New Mailing Address:**

FEI Number: 20-3105850

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SACHER, CHARLES P  
2655 LEJEUNE ROAD STE 1101  
CORAL GABLES, FL 33134 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: MGR ( ) Delete  
Name: PELLEGRINI, EDGARDO L M.D.  
Address: 9193 SW 72 STREET #200  
City-St-Zip: MIAMI, FL 33175

Title: MGR ( ) Delete  
Name: BUSSE, JORGE M.D.  
Address: 9193 SW 72 STREET #200  
City-St-Zip: MIAMI, FL 33175

Title: MGR ( ) Delete  
Name: BARRETO, GASPAR A M.D.  
Address: 9193 SW 72 STREET #200  
City-St-Zip: MIAMI, FL 33175

Title: MGR ( ) Delete  
Name: GOMEZ, EMILIO J M.D.  
Address: 9193 SW 72 STREET #200  
City-St-Zip: MIAMI, FL 33175

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JORGE C. BUSSE

MGR

04/27/2007

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