

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059790

FILED
Mar 30, 2010
Secretary of State

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

Current Principal Place of Business:

9193 SW 72 STREET
SUITE 200
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

9193 SW 72 STREET
SUITE 200
MIAMI, FL 33173

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
Name: PELLEGRINI, EDGARDO L M.D.
Address: 9193 SW 72 STREET #200
City-St-Zip: MIAMI, FL 33173

Title: MGR
Name: BUSSE, JORGE M.D.
Address: 9193 SW 72 STREET #200
City-St-Zip: MIAMI, FL 33173

Title: MGR
Name: BARRETO, GASPAR A M.D.
Address: 9193 SW 72 STREET #200
City-St-Zip: MIAMI, FL 33173

Title: MGR
Name: GOMEZ, EMILIO J M.D.
Address: 9193 SW 72 STREET #200
City-St-Zip: MIAMI, FL 33173

Title: MGR
Name: TRESPALACIOS, FERNANDO C M.D.
Address: 9193 SW. 72 STREET #200
City-St-Zip: MIAMI, FL 33173

I hereby 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: EDGARDO L. PELLEGRINI

MGR

03/30/2010

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