

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000087583

**FILED**  
**Mar 31, 2011**  
**Secretary of State**

**Entity Name:** RENAL CAREPARTNERS OF MIAMI, LLC

**Current Principal Place of Business:**

955 NW 3RD ST  
#109/110  
MIAMI, FL 33128

**New Principal Place of Business:**

**Current Mailing Address:**

4000 HOLLYWOOD BLVD  
STE 300 N  
HOLLYWOOD, FL 33021

**New Mailing Address:**

**FEI Number:** 14-1947200

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRYAN W. BAUMAN, ESQUIRE  
11820 N.W. 37TH STREET  
CORAL SPRINGS, FL 33065 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  
Name: RENAL CARE PARTNERS, INC  
Address: 4000 HOLLYWOOD BLVD, STE 300N  
City-St-Zip: HOLLYWOOD, FL 33021

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: ORESTES LUGO

VP

03/31/2011

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