2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 8:00 am
Secretary of State
04-24-2006 90051 025 ****50.00

DOCUMENT # L05000116469

1. Entity Name
MID-FLORIDA KIDNEY AND HYPERTENSION CARE, PL

Principal Place of Business	Mailing Address
515 WEST S.R. 434, SUITE 307 LONGWOOD, FL 32750	515 WEST S.R. 434, SUITE 307 LONGWOOD, FL 32750

04182006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
3100 CLAY AVE	3113 TOFA CT
Suite, Apt. #, etc.: 151	Suite, Apt. #, etc.: —
City & State: ORLANDO	City & State: LONGWOOD FL
Zip: FL 32804 Country: USA	Zip: 32779 Country: USA

4. FEI Number: 33-1127721 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

W & P SERVICES, INC.
1936 LEE ROAD, SUITE 101
WINTER PARK, FL 32789

7. Name and Address of New Registered Agent

Name: AFZAL FUAD. M.D
Street Address (P.O. Box Number is Not Acceptable): 3113 TOFA CT
City: LONGWOOD. FL Zip Code: 32779

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: Fuad Afzal DATE: 4/19/06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR. AFZAL, FUAD M.D. 515 WEST S.R. 434, SUITE 307 LONGWOOD, FL 32750	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	 3113 TOFA CT LONGWOOD FL 32779	☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: Fuad Afzal 4/19/06 407-304-9413
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #