

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT****FILED**  
**Apr 28, 2008 08:00 AM**  
**Secretary of State****DOCUMENT # L05000116469**1. Entity Name  
MID-FLORIDA KIDNEY AND HYPERTENSION CARE, PLPrincipal Place of Business  
3100 CLAY AVE  
ORLANDO, FL 32804Mailing Address  
3113 TOFA CT  
LONGWOOD, FL 32779

04212008 No Chg-LLC

CR2E083 (12/07)

**DO NOT WRITE IN THIS SPACE**4. FEI Number  
33-1127721Applied For  
Not Applicable5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required**6. Name and Address of Current Registered Agent**FUAD, AFZAL MD  
3113 TOFA CT  
LONGWOOD, FL 32779**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

(Signature typed or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$638.75**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR AFZAL, FUAD M.D. 3113 TOFA CT LONGWOOD, FL 32779
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IN THIS SPACE**

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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Dwelling Place \*

4/23/08