

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000116469

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Entity Name:** MID-FLORIDA KIDNEY AND HYPERTENSION CARE, PL

**Current Principal Place of Business:**

3100 CLAY AVE  
ORLANDO, FL 32804

**New Principal Place of Business:**

631 PALM SPRINGS DR.  
104  
ALTAMONTE SPRINGS, FL 32701

**Current Mailing Address:**

3113 TOFA CT  
LONGWOOD, FL 32779

**New Mailing Address:**

**FEI Number:** 33-1127721      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

FUAD, AFZAL MD  
3113 TOFA CT  
LONGWOOD, FL 32779      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: AFZAL, FUAD M.D.  
Address: 3113 TOFA CT  
City-St-Zip: LONGWOOD, FL 32779

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: FUAD AFZAL      MGR      01/06/2010

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