

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121719

FILED  
Mar 10, 2006  
Secretary of State

Entity Name: SUMMERGATE NEPHROLOGY, LLC

**Current Principal Place of Business:**

15901 DAWSON RIDGE DR.  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

15901 DAWSON RIDGE DR.  
TAMPA, FL 33647

**New Mailing Address:**

19112 WOOD SAGE DR.  
TAMPA, FL 33647

FEI Number: 20-3985188

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

SINGER, BERNARD A  
3107 STIRLING RD., STE. 105  
FT LAUDERDALE, FL 33312 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: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Change (X) Addition  
Name: PATEL, VIJAY M MD  
Address: 19112 WOOD SAGE DR  
City-St-Zip: TAMPA, FL 33647 US

Title: MGRM ( ) Change (X) Addition  
Name: CARVALLO, ALEJANDRO MD  
Address: 15901 DAWSON RIDGE DR.  
City-St-Zip: TAMPA, FL 33647 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: VMP

MGRM

03/10/2006

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