

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L05000121719

**FILED**  
**Mar 11, 2011**  
**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:**

38135 MARKET SQUARE.  
ZEPHYRHILLS, FL 33542

**Current Mailing Address:**

17936 CACHET ISLE DR.  
TAMPA, FL 33647

**New Mailing Address:**

**FEI Number:** 20-3985188

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:**

PATEL, VIJAY MD  
38135 MARKET SQUARE  
ZEPHYRHILLS, FL 33542 US

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: VIJAY PATEL, MD

03/11/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PATEL, VIJAY M MD  
Address: 17936 CACHET ISLE DR.  
City-St-Zip: TAMPA, FL 33647 US

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

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: VIJAY PATEL, MD

MGR

03/11/2011

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