

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000028969

FILED
Jan 04, 2008
Secretary of State

Entity Name: CFA KIDNEY & HYPERTENSION CENTER LLC

Current Principal Place of Business:

581 EAST STATE ROAD 434
SUITE 1
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

P O BOX 915467
LONGWOOD, FL 32791

New Mailing Address:

FEI Number: 20-4578296

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DARAMOLA-OGUNWUYI, OLUFUNMILOLA O OWNER
581 E SR 434
STE 1
LONGWOOD, FL 32750 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: MRS () Delete
Name: DARAMOLA-OGUNWUYI, OLUFUNMILOLA O OWNER
Address: 581 E SR 434 STE 1
City-St-Zip: LONGWOOD, FL 32791

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: OLUFUNMILOLA O DARAMOLA-OGUNWUYI

DR

01/04/2008

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