

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000028969

FILED
Jan 23, 2009
Secretary of State

Entity Name: CFA KIDNEY & HYPERTENSION CENTER LLC

Current Principal Place of Business:

587 EAST STATE ROAD 434
SUITE 1011
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:

DARAMOLA-OGUNWUYI, OLUFUNMILOLA O OWNER
587 E SR 434
STE 1011
LONGWOOD, FL 32750 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:

01/23/2009

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: MRS (X) Change () Addition
Name: DARAMOLA-OGUNWUYI, OLUFUNMILOLA O OWNER
Address: 587 E SR 434 STE 1011
City-St-Zip: LONGWOOD, FL 32750

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: O. DARAMOLA-OGUNWUYI

OWNE

01/23/2009

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