

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000028969

FILED
Feb 05, 2010
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
587 E SR 434
STE 1011
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
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 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

02/05/2010

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