

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000028969

**FILED**  
**Jan 04, 2012**  
**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 ( )**

**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 O DARAMOLA OGUNWUYI

OWNE

01/04/2012

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