

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000031666

**FILED**  
**Feb 25, 2014**  
**Secretary of State**

**Entity Name:** NEPHROLOGY ASSOCIATES RESEARCH CENTER, PLLC

**Current Principal Place of Business:**

510 NORTH MACARTHUR AVENUE  
PANAMA CITY, FL 32401

**New Principal Place of Business:**

504 NORTH MACARTHUR AVENUE  
PANAMA CITY, FL 32401

**Current Mailing Address:**

510 NORTH MACARTHUR AVENUE  
PANAMA CITY, FL 32401

**New Mailing Address:**

504 NORTH MACARTHUR AVENUE  
PANAMA CITY, FL 32401

**FEI Number:** 20-4618397

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

WALKER, RICHARD F JR.  
510 NORTH MACARTHUR AVENUE  
PANAMA CITY, FL 32401 US

**Name and Address of New Registered Agent:**

WALKER, RICHARD F JR.  
504 NORTH MACARTHUR AVENUE  
PANAMA CITY, FL 32401 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: RICHARD F. WALKER, JR.

02/25/2014

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGRM  
Name: WALKER, RICHARD F JR.  
Address: 504 NORTH MACARTHUR AVENUE  
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM  
Name: DEAN, SCOTT E  
Address: 504 NORTH MACARTHUR AVENUE  
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM  
Name: SINICROPE, RONALD A  
Address: 504 NORTH MACARTHUR AVE  
City-St-Zip: PANAMA CITY, FL 32401

Title: MGRM  
Name: MINGA, TODD E  
Address: 504 NORTH MACARTHUR AVE  
City-St-Zip: PANAMA CITY, FL 32401

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: RICHARD F. WALKER, JR.

MGRM

02/25/2014

Electronic Signature of Authorized Person

Date