## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000067766

FILED Jan 15, 2007 Secretary of State

Entity Name: UNIVERSAL KIDNEY CENTER OF PEMBROKE PINES - MIRAMAR, LLC

Current Principal Place of Business: New Principal Place of Business:

2004 NE 49TH STREET 18004 NW 6TH STREET

FORT LAUDERDALE, FL 33308 SUITE 101

PEMBROKE PINES, FL 33029

Current Mailing Address: New Mailing Address:

2004 NE 49TH STREET 18004 NW 6TH STREET

FORT LAUDERDALE, FL 33308 SUITE 101

PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES:

FEI Number: 20-5166155 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BARTOLOME, ELMO V SAMRA, KAMELJIT 2004 NE 49TH STREET 18004NW 6TH STREET

FORT LAUDERDALE, FL 33308 US 101
PEMBROKE PINES, FL 33029 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: KAMELJIT SAMRA 01/15/2007

Electronic Signature of Registered Agent Date

## MANAGING MEMBERS/MANAGERS:

MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition

Name: BARTOLOME, ELMO V
Address: 2004 NE 49TH STREET
City-St-Zip: FORT LAUDERDALE, FL 33308
Name: BARTOLOME, ELMO V
Address: 18004 NW 6TH STRRET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM () Delete Title: MGRM (X) Change () Addition Name: BARTOLOME, DELILAH Name: BARTOLOME, DELILAH Address: 2004 NE 49TH STREET Address: 18004 NW 6TH STREET

City-St-Zip: FORT LAUDERDALE, FL 33308 City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition Name: SAMRA, KAMELJIT Name: SAMRA, KAMELJIT

Address: 2004 NE 49TH STREET Address: 18004 NW 6TH STREET

City-St-Zip: FORT LAUDERDALE, FL 33308 City-St-Zip: PEMBROKE PINES, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the 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: KAMELJIT K SAMRA MGR 01/15/2007