

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000067766

FILED
Feb 06, 2008
Secretary of State

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

Current Principal Place of Business:

18004 NW 6TH STREET
SUITE 101
PEMBROKE PINES, FL 33029

New Principal Place of Business:

Current Mailing Address:

18004 NW 6TH STREET
SUITE 101
PEMBROKE PINES, FL 33029

New Mailing Address:

FEI Number: 20-5166155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMRA, KAMELJIT
18004NW 6TH STREET
101
PEMBROKE PINES, FL 33029 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: MGRM () Delete
Name: BARTOLOME, ELMO V
Address: 18004 NW 6TH STRRET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM () Delete
Name: BARTOLOME, DELILAH
Address: 18004 NW 6TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

Title: MGRM () Delete
Name: SAMRA, KAMELJIT
Address: 18004 NW 6TH STREET
City-St-Zip: PEMBROKE PINES, FL 33029

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: KAMELJIT SAMRA

MS

02/06/2008

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