

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000067766

FILED  
Mar 24, 2009  
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:**

18004 NW 6TH STREET  
SUITE 102  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

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

**New Mailing Address:**

18004 NW 6TH STREET  
SUITE 102  
PEMBROKE PINES, FL 33029

**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:**

SAMRA, KAMELJIT  
18004NW 6TH STREET  
102  
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:

03/24/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BARTOLOME, ELMO V  
Address: 18004 NW 6TH STREET  
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

MGR

03/24/2009

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