2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

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Entity Name: NEPHROLOGY CONSULTANTS OF JACKSONVILLE, LLC

Current Principal Place of Business:

3129 HENDRICKS AVENUE
JACKSONVILLE, FL 32207

New Principal Place of Business:

Current Mailing Address:

3129 HENDRICKS AVENUE
JACKSONVILLE, FL 32207

New Mailing Address:

FEI Number: 20-5209711 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DAVIS, R. GLENN M.D.
3129 HENDRICKS AVENUE
JACKSONVILLE, FL 32207 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: M ( ) Delete
Name: DAVIS, R. GLENN M.D.
Address: 3129 HENDRICKS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

Title: M ( ) Delete
Name: GREGORY, LOUIS F M.D.
Address: 3129 HENDRICKS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

Title: M ( ) Delete
Name: WASILUK, ANDREW M.D.
Address: 3129 HENDRICKS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES:

Title: MD (X) Change ( ) Addition
Name: DAVIS, R. GLENN M.D.
Address: 3129 HENDRICKS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

Title: MD (X) Change ( ) Addition
Name: GREGORY, LOUIS F M.D.
Address: 3129 HENDRICKS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

Title: MD (X) Change ( ) Addition
Name: WASILUK, ANDREW M.D.
Address: 3129 HENDRICKS AVENUE
City-St-Zip: JACKSONVILLE, FL 32207

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: R. GLENN DAVIS MD 03/03/2009

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