

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000068747

**FILED**  
**Jan 24, 2011**  
**Secretary of State**

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

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

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

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 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

01/24/2011

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