


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 27, 2007 8:00 am**  
**Secretary of State**

07-27-2007 90020 012 \*\*\*\*50.00

<b>DOCUMENT # L06000114138</b>					
1. Entity Name <b>COASTAL NEPHROLOGY ASSOCIATES RESEARCH CENTER, P.L.</b>					
Principal Place of Business <b>150 WEST MCKENZIE STREET STE 117 PUNTA GORDA, FL 33950</b>			Mailing Address <b>150 WEST MCKENZIE STREET STE 117 PUNTA GORDA, FL 33950</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>20-8043288</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>MOORE, JOHN L 200 SOUTH ORANGE AVE SARASOTA, FL 34236</b>				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$50.00 Due by September 14, 2007</b>			<b>Make check payable to Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAVEH, KIANOOSH DO 150 WEST MCKENZIE STREET STE 117 PUNTA GORDA, FL 33950	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u>Kianoosh Kaveh</u> <u>7/24/07</u> <u>941-505-8700</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

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\$5.00 Additional  
Fee Required