2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2008
Secretary of State

DOCUMENT# L06000114138

Entity Name: COASTAL NEPHROLOGY ASSOCIATES RESEARCH CENTER, LLC

Current Principal Place of Business:

150 WEST MCKENZIE STREET STE 117
PUNTA GORDA, FL 33950

New Principal Place of Business:

150 WEST MCKENZIE STREET
SUITE 117
PUNTA GORDA, FL 33950

Current Mailing Address:

150 WEST MCKENZIE STREET STE 117
PUNTA GORDA, FL 33950

New Mailing Address:

150 WEST MCKENZIE STREET
SUITE 117
PUNTA GORDA, FL 33950

FEI Number: 20-8043288 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOORE, JOHN L
200 SOUTH ORANGE AVE
SARASOTA, FL 34236 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: MGR ( ) Delete
Name: KAVEH, KIANOOSH DO
Address: 150 WEST MCKENZIE STREET STE 117
City-St-Zip: PUNTA GORDA, FL 33950

ADDITIONS/CHANGES:

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: KIANOOSH KAVEH, D.O. MGR 04/27/2008

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