

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000123020

**FILED**  
**Apr 04, 2012**  
**Secretary of State**

**Entity Name:** NEPHROLOGY LAND ASSOCIATES III LLC

**Current Principal Place of Business:**

3885 OAKWATER CIRCLE  
ORLANDO, FL 32806

**New Principal Place of Business:**

**Current Mailing Address:**

3885 OAKWATER CIRCLE  
ORLANDO, FL 32806

**New Mailing Address:**

**FEI Number:** 20-8134270

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

LOONEY, STEPHEN R  
800 NORTH MAGNOLIA AVENUE, SUITE 1500  
ORLANDO, FL 32803 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:** MGRM  
**Name:** WILLIAMS, MARK M.D.  
**Address:** 3885 OAKWATER CIRCLE  
**City-St-Zip:** ORLANDO, FL 32806

**Title:** MGRM  
**Name:** COHEN, JEFFREY MD  
**Address:** 3885 OAKWATER CIRCLE  
**City-St-Zip:** ORLANDO, FL 32806

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: JEFFREY COHEN

MGRM

04/04/2012

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