

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000016427

**FILED**  
**Apr 27, 2010**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA NEPHROLOGY CONSULTANTS, P.L.

**Current Principal Place of Business:**

1150 N. 35TH AVENUE, SUITE 465  
HOLLYWOOD, FL 33021

**New Principal Place of Business:**

**Current Mailing Address:**

1150 N. 35TH AVENUE, SUITE 465  
HOLLYWOOD, FL 33021

**New Mailing Address:**

**FEI Number:** 20-8802048

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FELUREN, MARK S  
220 N. COMERCE PARKWAY  
WESTON, FL 33326 US

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

FELUREN, MARK S  
200 E. BROWARD BLVD.  
1110  
FORT LAUDERDALE, FL 33301 US

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

04/27/2010

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SOUTH FLORIDA NEPHROLOGY, P.A.  
Address: 1150 N. 35TH AVENUE, SUITE 465  
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGRM  
Name: SJH ASSOCIATES OF PEMBROKE PINES, P.A.  
Address: 1150 N. 35TH AVENUE, SUITE 465  
City-St-Zip: HOLLYWOOD, FL 33021

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: SOUTH FLORIDA NEPHROLOGY, PA

MGRM

04/27/2010

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