2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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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
200 E. BROWARD BLVD.
1110
FORT LAUDERDALE, FL 33301 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: 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 Statues.

SIGNATURE: SOUTH FLORIDA NEPHROLOGY, P.A. MGRM 02/08/2012

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