

LO7000027905

Florida Department of State
Division of Corporations
Electronic Filing Conference

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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : PARANET CORPORATION SERVICES, INC
Account Number : I20090000069
Phone : (800) 277-9977
Fax Number : (800) 815-0477

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12 APR -4 PM 2:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**LLC REGISTERED AGENT CHANGE
RENAL CAREPARTNERS AT MEMORIAL WEST, LLC**

Certificate of Status	0
Certified Copy	0
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D. BRUCE

APR 05 2012

EXAMINER

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Apr. 4. 2012 12:53PM

No. 0839 P. 2/2

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STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Renal CarePartners at Memorial West, LLC
2. (a) Principal office address of limited liability company: 320 Seven Springs Way, Suite 220

(Note: MUST BE STREET ADDRESS)

Brentwood, TN 37027

- (b) Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

03/14/2007

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3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of

Registered Agent:

Bryan Bauman

Registered Office Address:

11820 NW 37th Street

Coral Springs, FL 33065

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Agent:

NRAI Services, Inc.

NEW Registered Office Address:

515 East Park Avenue

(MUST BE FLORIDA STREET ADDRESS)

Tallahassee

FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Douglas B. Chappell
Signature of a member or authorized representative of a member

Douglas B. Chappell

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.
NRAI Services, Inc.

by:

Gwendolyn Andrews
Signature of Registered Agent

Gwendolyn Andrews, Special Assistant Secretary

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00

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