2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 30, 2008
Secretary of State

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Entity Name: TAMPA RENAL PHYSICIANS, P.L.

Current Principal Place of Business:

3500 E. FLETCHER AVENUE, SUITE 218
TAMPA, FL 33613

New Principal Place of Business:

Current Mailing Address:

3500 E. FLETCHER AVENUE, SUITE 218
TAMPA, FL 33613

New Mailing Address:

FEI Number: 26-0846603 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH ABEL, ERIN ESQ.
SHUMAKER, LOOP & KENDRICK, LLP
101 EAST KENNEDY BLVD., SUITE 2800
TAMPA, FL 33602 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: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR ( ) Change (X) Addition
Name: RUIZ-RAMON, PABLO F MGR
Address: 3500 E FLETCHER AVE, SUITE 218
City-St-Zip: TAMPA, FL 33613 US

Title: MGR ( ) Change (X) Addition
Name: ROTHSCHILD, JASON B MGR
Address: 3500 E FLETCHER AVE, SUITE 218
City-St-Zip: TAMPA, FL 33613 US

Title: MGR ( ) Change (X) Addition
Name: JOSEPH, DAVID L MGR
Address: 3500 E FLETCHER AVE, SUITE 218
City-St-Zip: TAMPA, FL 33613 US

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: PABLO F. RUIZ-RAMON MGR 01/30/2008

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