

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000087616

Entity Name: TAMPA RENAL PHYSICIANS, P.L.

FILED  
Apr 28, 2009  
Secretary of State

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

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

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

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

04/28/2009

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