

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000091444

FILED  
Jan 22, 2009  
Secretary of State

Entity Name: NEPHRON ESTATES OF ALABAMA, LLC

## Current Principal Place of Business:

878 109TH AVENUE NORTH  
NAPLES, FL 34110

## New Principal Place of Business:

878 109TH AVENUE NORTH  
2  
NAPLES, FL 34110

## Current Mailing Address:

878 109TH AVENUE NORTH  
NAPLES, FL 34110

## New Mailing Address:

878 109TH AVENUE NORTH  
2  
NAPLES, FL 34110

FEI Number: 26-0855911

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RUSO, MARK S MD  
878 109TH AVE  
NAPLES, FL 34108 US

## Name and Address of New Registered Agent:

RUSO, MARK S MD  
878 109TH AVE  
2  
NAPLES, FL 34108 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: MARK S. RUSSO, M.D., PH.D.

01/22/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: RUSSO, MARK S  
Address: 878 109TH AVENUE NORTH  
City-St-Zip: NAPLES, FL 34110

## ADDITIONS/CHANGES:

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: MARK S. RUSSO, M.D., PH.D.

MGR

01/22/2009

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