

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000025055

**FILED**  
**Mar 23, 2009**  
**Secretary of State**

**Entity Name:** RENAL CAREPARTNERS OF WEST PALM BEACH, LLC

**Current Principal Place of Business:**

14361 COMMERCE WAY  
SUITE 306  
MIAMI LAKES, FL 33016 US

**New Principal Place of Business:**

4000 HOLLYWOOD BLVD  
SUITE 300N  
HOLLYWOOD, FL 33021 US

**Current Mailing Address:**

14361 COMMERCE WAY  
SUITE 306  
MIAMI LAKES, FL 33016 US

**New Mailing Address:**

4000 HOLLYWOOD BLVD  
SUITE 300N  
HOLLYWOOD, FL 33021 US

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

**Name and Address of New Registered Agent:**

BAUMAN, BRYAN W  
11820 NW 37TH ST  
CORAL SPRINGS, FL 33065 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: BRYAN W. BAUMAN

03/23/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: RENAL CAREPARTNERS., INC.  
Address: 14361 COMMERCE WAY, SUITE 306  
City-St-Zip: MIAMI LAKES, FL 33016 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: RENAL CAREPARTNERS., INC.  
Address: 4000 HOLLYWOOD BLVD  
City-St-Zip: HOLLYWOOD, FL 33021 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: ORESTES LUGO

VP

03/23/2009

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