

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000050144

FILED
Jan 16, 2009
Secretary of State

Entity Name: NEPHROLOGY-HYPERTENSION OF NAPLES, P.L.

Current Principal Place of Business:

5817 BROMELIA COURT
NAPLES, FL 34419

New Principal Place of Business:

6101 PINE RIDGE ROAD
DESK 32
NAPLES, FL 34419 US

Current Mailing Address:

5817 BROMELIA COURT
NAPLES, FL 34419

New Mailing Address:

6101 PINE RIDGE ROAD
DESK 32
NAPLES, FL 34419 US

FEI Number: 38-3783916

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGRM () Delete
Name: STERRETT, JAMES REID MD
Address: 5817 BROMELIA COURT
City-St-Zip: NAPLES, FL 34419

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: STERRETT, JAMES R MD
Address: 6101 PINE RIDGE ROAD, DESK 32
City-St-Zip: NAPLES, FL 34419 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: JAMES REID STERRETT

DR.

01/16/2009

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