

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000047562

**FILED**  
**Jan 18, 2012**  
**Secretary of State**

**Entity Name:** TAMPA NEPHROLOGY HOLDINGS, LLC

**Current Principal Place of Business:**

2810 W. ST. ISABEL STREET  
SUITE 101B  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

2810 W. ST. ISABEL STREET  
SUITE 101B  
TAMPA, FL 33607

**New Mailing Address:**

**FEI Number:** 27-0228066

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JEFFRIES, DAVID M  
1227 N. FRANKLIN STREET  
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  
Name: CASTILLO, ORLANDO J M.D.  
Address: 2810 W. ST. ISABEL STREET, SUITE 101B  
City-St-Zip: TAMPA, FL 33607

I hereby 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: ORLANDO CASTILLO

MGR

01/18/2012

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