

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000005681

**FILED**  
**Apr 08, 2012**  
**Secretary of State**

**Entity Name:** HYPERTENSION KIDNEY AND DIALYSIS SPECIALISTS, LLC

**Current Principal Place of Business:**

2507 HARRISON AVENUE  
SUITE 101  
PANAMA CITY, FL 32405 US

**New Principal Place of Business:**

**Current Mailing Address:**

P. O. BOX 1750  
LYNN HAVEN, FL 32444 US

**New Mailing Address:**

**FEI Number:** 27-4647939

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RIFAI, AHMAD O MD  
2507 HARRISON AVENUE  
SUITE 101  
PANAMA CITY, FL 32405 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  
Name: A.O. RIFAI, MD, LLC  
Address: 121 COTTONWOOD CIRCLE  
City-St-Zip: LYNN HAVEN, FL 32444 US

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: A.O. RIFAI, MD LLC

MGRM

04/08/2012

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