2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000000953

1. Entity Name

IRA OF HAINES CITY, L.L.C.

Principal Place of Business	Mailing Address
600 CLEVELAND STREET, SUITE 910 CLEARWATER FL 33755	600 CLEVELAND STREET, SUITE 910 CLEARWATER FL 33755

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		**4.** FEI Number 59-3517516	Applied For / Not Applicable
Zip / Country	Zip / Country		**5.** Certificate of Status Desired ☐	**$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEES, JANET R 600 CLEVELAND STREET, SUITE 910 CLEARWATER FL 33755	Name Street Address (P.O. Box Number is Not Acceptable) City _____ FL Zip Code

8. 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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

600004220806--0
-05/16/01--01118--010
*****50.00   *****50.00

9. MANAGING MEMBERS/MEMBERS		10.	ADDITIONS/CHANGES		
TITLE **MGR** NAME **INDEPENDENT RENAL ASSOCIATES, INC.** STREET ADDRESS **600 CLEVELAND STREET, SUITE 910** CITY-ST-ZIP **CLEARWATER FL 33755**	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____   4/21/01   727 443-4770

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #

CR2E083 (11/00)