
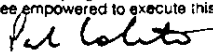


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/29/2006-90098-001-\$150.00-\$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:42

DOCUMENT # M05000001469 1. Entity Name RENAL CARE GROUP TAMPA, LLC					
Principal Place of Business 2525 WEST END AVENUE, SUITE 600 NASHVILLE, TN 37203			Mailing Address 2525 WEST END AVENUE, SUITE 600 NASHVILLE, TN 37203		
2. Principal Place of Business 95 Hayden Ave		3. Mailing Address 95 Hayden Ave			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Lexington MA		City & State Lexington MA		4. FEI Number 47-0945035	
Zip 02420		Country 		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS				10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN, TIMOTHY P 2525 WEST END AVENUE, SUITE 600 NASHVILLE, TN 37203 <input checked="" type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition see attached
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SANDERS, CHARLES M.D. 3118 FAIR OAKS AVENUE W TAMPA, FL 33611 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. <div style="text-align: center;">  </div>					
SIGNATURE: Paul Colantonio, Assistant Treasurer of Renal Care Group 7/28/06 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date of the Southeast, Inc.					

RENAL CARE GROUP TAMPA, LLC

MEMBERS	ADDRESS
RENAL CARE GROUP OF THE SOUTHEAST	95 HAYDEN AVE LEXINGTON, MA 02420-9192
CHARLES SANDERS, M.D.	3118 FAIR OAKS AVENUE W. TAMPA, FL 33611
CHRISTINA BALSEAR, M.D.	510 VONDERBURG DRIVE, SUITE 208 BRANDON, FL 33511
ISABEL MATHIESON, D.O.	510 VONDERBURG DRIVE, SUITE 208 BRANDON, FL 33511
PABLO F. RUIZ-RAMON, M.D.	4803 WOODMERE ROAD TAMPA, FL 33609

CORPORATE OFFICE
95 HAYDEN AVE
LEXINGTON, MA 02420-9192