

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90313 001 *1,110.00

DOCUMENT # M05000001469

1. Entity Name
RENAL CARE GROUP TAMPA, LLC



Principal Place of Business
**920 WINTER STREET
WALTHAM, MA 02451**

Mailing Address
**920 WINTER STREET
WALTHAM, MA 02451**

30004912



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

47-0945035

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

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **M** ☐ Delete
NAME **RENAL CARE GROUP OF THE SOUTHEAST**
STREET ADDRESS **920 WINTER STREET**
CITY-ST-ZIP **WALTHAM, MA 02451**

TITLE **Mgr** ☐ Change ☒ Addition
NAME **Christina Balsera**
STREET ADDRESS **510 Vanderburg Dr, Suite 208**
CITY-ST-ZIP **Brandon, FL 33511**

TITLE **MGR** ☐ Delete
NAME **SANDERS, CHARLES M.D.**
STREET ADDRESS **3118 FAIR OAKS AVENUE W**
CITY-ST-ZIP **TAMPA, FL 33611**

TITLE **MGR** ☐ Change ☒ Addition
NAME **Isabel Mathieson, D.O.**
STREET ADDRESS **510 Vonderburg Dr. Suite 208**
CITY-ST-ZIP **Brandon, FL 33511**

TITLE **M** ☒ Delete
NAME **LOEPER, BOB**
STREET ADDRESS **920 WINTER STREET**
CITY-ST-ZIP **WALTHAM, MA 02451**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **M** ☐ Delete
NAME **RUIZ-RAMON, PABLO F MD**
STREET ADDRESS **4803 WOODMERE RD**
CITY-ST-ZIP **TAMPA, FL 33609**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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.

SIGNATURE: Marc S. Lieberman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Marc S. Lieberman
Assistant Treasurer of

Date

Daytime Phone #

*Renal Care Group of
the Southeast, Inc.*