

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001469

FILED
Mar 28, 2009
Secretary of State

Entity Name: RENAL CARE GROUP TAMPA, LLC

Current Principal Place of Business:

920 WINTER STREET
WALTHAM, MA 02451

New Principal Place of Business:

Current Mailing Address:

920 WINTER STREET
WALTHAM, MA 02451

New Mailing Address:

FEI Number: 47-0945035

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: M () Delete
Name: RENAL CARE GROUP OF THE SOUTHEAST
Address: 920 WINTER STREET
City-St-Zip: WALTHAM, MA 02451

Title: MGR () Delete
Name: SANDERS, CHARLES M.D.
Address: 3118 FAIR OAKS AVENUE W
City-St-Zip: TAMPA, FL 33611

Title: M () Delete
Name: RUIZ-RAMON, PABLO F MD
Address: 4803 WOODMERE RD
City-St-Zip: TAMPA, FL 33609

Title: MGR () Delete
Name: BALSERA, CHRISTINA
Address: 510 VANDERBURG DR, STE 208
City-St-Zip: BRANDON, FL 33511

Title: MGR () Delete
Name: MATHIESON, ISABEL D.O.
Address: 510 VANDERBURG DR, STE 208
City-St-Zip: BRANDON, FL 33511

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RENAL CARE GROUP OF THE SOUTHEAST
Address: 920 WINTER STREET
City-St-Zip: WALTHAM, MA 02451

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: RUIZ-RAMON, PABLO F MD
Address: 4803 WOODMERE RD
City-St-Zip: TAMPA, FL 33609

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MARC LIEBERMAN

MGR

03/28/2009

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