

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002422

**FILED**  
**Apr 18, 2006**  
**Secretary of State**

**Entity Name:** NEPHROLOGY MEDICAL ASSOCIATES OF GEORGIA, LLC

**Current Principal Place of Business:**

1218 D'ANTIGNAO ST  
AUGUSTA, GA 30901

**New Principal Place of Business:**

**Current Mailing Address:**

1218 D'ANTIGNAO ST  
AUGUSTA, GA 30901

**New Mailing Address:**

601 HAWAII STREET  
EL SEGUNDO, CA 90245

**FEI Number:** 91-2160693

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: MGR ( ) Delete  
Name: TOTAL RENAL CARE, IN, C.  
Address: 601 HAWAII ST  
City-St-Zip: SEGUNDO, CA 90245

**ADDITIONS/CHANGES:**

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

I hereby certify that the information supplied with this filing does not qualify for the 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:** CORINNA POLK, ASSISTANT SECRETARY

MGR

04/18/2006

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