

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 18, 2008 08:00 AM
Secretary of State

DOCUMENT # M06000007044

1. Entity Name

MEI NEPHROLOGY SERVICES LLC



Principal Place of Business

11772 WEST SAMPLE ROAD SUITE 101
CORAL SPRINGS, FL 33065

Mailing Address

11772 WEST SAMPLE ROAD SUITE 101
CORAL SPRINGS, FL 33065



01232008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number

20-5797593

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BALTZER, GORDON
11772 WEST SAMPLE ROAD SUITE 101
CORAL SPRINGS, FL 33065

**DO NOT WRITE
IN THIS SPACE**

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

U00000830525
02/26/08-80087-009 138.75

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	THE MEI HEALTHCARE GROUP LLC
STREET ADDRESS	11772 WEST SAMPLE ROAD SUITE 101
CITY- ST- ZIP	CORAL SPRINGS, FL 33065

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

President

Feb 18/08

Date

954-341-3302

Daytime Phone #