

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	
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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
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DO NOT WRITE IN THIS SPACE



01232008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-5797593	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

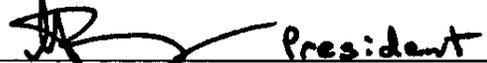
000000830525
 02/26/08-80087-009 138.75

9. MANAGING MEMBERS/MANAGERS

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

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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:  President Feb 18/08 954-341-3302
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #