

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

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

**DO NOT WRITE IN THIS SPACE**

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**



03212007 No Chg-LLC

CR2E083 (11/05)

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

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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 reappointing)

DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2007**

**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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20-5797593  
04-03/07-00019-021 50.00

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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: Richard McLaughlin 3/28/07 (954) 341-3302

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

Date

Daytime Phone #