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(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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(Document Number)				
Certified Copies Certificates of Status				
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AUG 2 5 2014



July 23, 2014

VIRGINIA LONG 2999 PALM HARBOR BLVD SUITE B PALM HARBOR, FL 34683

SUBJECT: NEPHROLOGY CARE GROUP, LLC

Ref. Number: W14000045162

We have received your document for NEPHROLOGY CARE GROUP, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 614A00015796



Nephrology Care Group

August 20, 2014

To Whom It May Concern:

We previously submitted our paperwork to register to do business in Florida as a Foreign Company. The check was cashed and apparently the paperwork was returned but we never received the returned paperwork. In follow-up on the phone we have been informed of two different reasons that paperwork was returned. Thus I am trying to be sure that we address both issues to prevent any delay.

- 1. The Registered Agent was a company. We have changed that to make myself the registered agent and listed my home address.
- 2. The paperwork submitted was a single entity paperwork? To clarify, the company was formed in Delaware as an LLC on December 11, 2013.
- 3. The company was changed to a Board Managed LLC and other members were admitted on March 1, 2014. I have attached the appropriate paperwork to show this change.

If you have any questions, please contact me on my cell phone. Please return any documents to our mailing address which is:

Nephrology Care Group, LLC P.O. Box 1685 Palm Harbor, FL 34682

Sincerely.

Virgi**M**a Long

COVER LETTER

TO:	Registration Section
	Division of Corporations

Nephrology Care Group, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all

Please return all correspondence conc	erning this matter to t	the following:	
Virginia L	ong		
		Name of Person	
Nephrolo	gy Care G	Group, LLC	
		Firm/Company	
2999 Pal	n Harbor	Blvd., Suit	е В
		Address	
Palm Har	bor, FL 34	4683	
	City	y/State and Zip Code	
vlong@no	:gemail.co	om	
	E-mail address: (to be u	ised for future annual repo	ort notification)
For further information concerning the	s matter, please call:		
Virginia Long		727	215-0940
Name of Co	ntact Person	Area Code	Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

■ \$130.00 Filing Fee & ☐ \$125.00 Filing Fee Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

□ \$160.00 Filing Fee, Certificate of Status & Certified Copy

Cashed in July

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Nephrology Care Group, LLC	WILL SITE OF TROMON.
(Name of Foreign Limited Liability Company; must include "Limited Li	iability Company," "L.L.C.," or "LLC.")
Mephrology Care Group Florida, LLC	
(If name unavailable, enter alternate name adopted for the purpose of transacting busin Liability Company," "L.L.C," or "LLC.")	ness in Florida. The alternate name must include "Limited
_{2.} Delaware _{3.} 46-4	285253
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4	
(Date first transacted business in Florida, if prio (See sections 605.0904 & 605.0905, F.S. to determ	r to registration.) ine penalty liability)
5. 2999 Palm Harbor Blvd., Suite B	in the second se
Palm Harbor, FL 34683	PHO 2
(Street Address of Principal O	
_{6.} P.O. Box 1685	THE R O
Palm Harbor, FL 34682	08 1 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3
(Mailing Address)	~,
7. The name, title or capacity and address of the person(s) who is	has/have authority to manage is/are:
Virginia Long	
Chief Executive Officer	
P.O. Box 1685, Palm Harbor, FL 34	1682
8. Attached is an original certificate of existence, no more than 9 having custody of records in the jurisdiction under the law of whacceptable. If the certificate is in a foreign language, a translation must be submitted)	ich it is organized. (A photocopy is not
Signature of an authorized (In accordance with section 605.0203, F.S., the execution of this document constitutes an affirm am aware that any false information submitted in a document to the Department of State constitu	ation under the penalties of perjury that the facts stated herein are true.
Virginia Long	
Typed or printed name of si	ignee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Nephrology Care Group, LLC

If unavailable, the alternate to be used in the state of Florida is:

Nephrology Care Group Florida, LLC

2. The name and the Florida street address of the registered agent and office are:

Virginia Long (Name) 1727 Hermit Thrush Circle Florida Street Address (P.O. Box NOT ACCEPTABLE) Palm Harbor FL 34683

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)\$ 5.00 Certificate of Status (optional)

Délaware

PAGE 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NEPHROLOGY CARE GROUP, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE EIGHTH DAY OF JULY, A.D. 2014.

5447080 8300

140926256

AUTHENTY CATION: 1517301

DATE: 07-08-14

You may verify this certificate online at corp.delaware.gov/authver.shtml