

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 MAY -1 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # M97000000557
RENAL CARE NETWORK OF SOUTH FLORIDA, L.L.C.

1920 NORTH STREET NW, SUITE 220
WASHINGTON DC 20036

1a. Principal Place of Business Address

1920 NORTH STREET NW, SUITE
WASHINGTON DC 20036

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

80215

USA

3. Date Organized or Qualified

3a. State of Formation

08/29/1997

DE

4. FEI Number

☐ Applied For

☐ Not Applicable

52-1923932

5. Date of Last Report

6. Certificate of Status Desired

\$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

8. Name and Address of New Registered Agent/Office

Name

Street Address (P.O. Box Number is Not Acceptable)

900002514299--4

Suite, Apt. #, etc.

05/06/98 01133--008

****188.75 ****188.75

City

Zip Code

FL

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE

(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

DATE

10. Title

Managing Members/Managers

Business Street Address

City, State and Zip Code

MGRM STEMMER, CRAIG MD

2900 NORTH MILITARY TRAIL,

BOCA RATON FL

MGRM FEINROTH, MARTIN MD

1150 N. 35TH AVE., SUITE 2

FORT LAUDERDALE FL

MGRM LOEWENHERZ, JAMES MD

9000 S.W. 07 COURT, SUITE

MIAMI FL

MGR O'NEIL, MOLLY

1920 N. STREET NW, SUITE 2

WASHINGTON DC

MGR CENTELLA, LAWRENCE J

8420 W. Bryn Mawr, #880
~~1919 CHARLOTTE AVE.~~

Chicago, IL 60631
~~NASHVILLE TN~~

~~MGR LAWSON, HERBERT S~~

~~1185 OAK STREET~~

~~LAKEWOOD CO~~

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11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Lawrence J. Centella

4/27/98 (773) 380-2035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #