

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000948

1. Entity Name

LAKE SUPERIOR RENAL CARE, LLC

FILED

00 JAN 27 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business

51 CENTURY BOULEVARD, SUITE 307  
NASHVILLE TN 37214

Mailing Address

51 CENTURY BOULEVARD, SUITE 307  
NASHVILLE TN 37214-3614

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

62-1784355

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE FL 32301

Name

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

City

FL

Zip Code

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.

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 \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
MGR  
LONG, VIRGINIA A  
STREET ADDRESS  
51 CENTURY BLVD., SUITE 307  
CITY- ST- ZIP  
NASHVILLE TN 37214

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
MGR  
BRUCE, MICHAEL  
STREET ADDRESS  
51 CENTURY BLVD., SUITE 307  
CITY- ST- ZIP  
NASHVILLE TN 37214

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP  
800003118658--0  
-02/01/00--01080--012  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE NAME ☐ Delete  
MGR  
MENESSES-TAYLOR, RUTH M.D.  
STREET ADDRESS  
3801 N. HIGHWAY 19-A  
CITY- ST- ZIP  
MOUNT DORA FL 32757-2299

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY- ST- ZIP

11. I 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 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:

*Virginia A Long*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1-17-00

Date

(615) 874-0700

Daytime Phone #

CR2E083 (9/99)