

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000121719

Entity Name: SUMMERGATE NEPHROLOGY, LLC

Current Principal Place of Business:

27401 CASHFORD CIRCLE
STE:102
WESLEY CHAPEL, FL 33544

Current Mailing Address:

27401 CASHFORD CIRCLE
STE:102
WESLEY CHAPEL, FL 33544

FEI Number: 20-3985188

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATEL, VIJAY MD
27401 CASHFORD CIRCLE
STE:102
WESLEY CHAPEL, FL 33544 US

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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name PATEL, VIJAY MMD
Address 17936 CACHET ISLE DR.
City-State-Zip: TAMPA FL 33647

Title MGRM
Name CARVALLO, ALEJANDRO MD
Address 15901 DAWSON RIDGE DR.
City-State-Zip: TAMPA FL 33647

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ALEJANDRO CARVALLO

MD

03/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date