

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000054354

**Entity Name:** FLORIDA NEPHROLOGY PLC

**Current Principal Place of Business:**

7350 FUTURES DR. , STE 1  
ORLANDO, FL 32819

**Current Mailing Address:**

9063 POINT CYPRESS DR  
ORLANDO, FL 32836

**FEI Number:** 27-2626998

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NAVANI, ANIL  
9063 POINT CYPRESS DR  
ORLANDO, FL 32836 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 NAVANI, ANIL  
Address 9063 POINT CYPRESS DR  
City-State-Zip: ORLANDO FL 32836

*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:** ANIL NAVANI

MGRM

03/29/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date