

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000108009

Entity Name: DELTA KIDNEY & HYPERTENSION, PLC

Current Principal Place of Business:

2172 VELVET LEAF DRIVE
OCOE, FL 34761

Current Mailing Address:

2172 VELVET LEAF DRIVE
OCOE, FL 34761

FEI Number: 46-0843305

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NWAMU, NDIDI N
2172 VELVET LEAF DRIVE
OCOE, FL 34761 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 NWAMU, NDIDI N
Address 2172 VELVET LEAF DRIVE
City-State-Zip: OCOE FL 34761

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NWAMU NDIDI N

PRES

04/19/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date