# LIMITED LIABILITY COMPANY
# UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Mar 28, 2002 8:00 am**
**Secretary of State**
03-28-2002 90007 002 ****50.00

DOCUMENT #

1. Entity Name

ARA-Sun City Dialysis LLC document no. L01000007338

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 4203 Bamboo Terrace | 5 Cherry Hill Drive |
| Suite, Apt. #, etc.: c/o Manatee Kidney Disease Consultants | Suite, Apt. #, etc.: c/oAmerican Renal Associates |
| City & State: Bradenton, FL | City & State: Danvers, MA |
| Zip: 34210 Country: USA | Zip: 01923 Country: USA |

DO NOT WRITE IN THIS SPACE

4. FEI Number: 06-1619146 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name: CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): c/o CT Corporation System, 1200 South Pine Island Rd

City: Plantation **FL** Zip Code: 33324

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable.

**FEE IS $50.00**
**Make Check Payable to Department of State**
**DUE BY MAY 1**

9. MANAGING MEMBERS / MANAGERS

| | | | |
|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>American Renal Associates Inc.<br>5 Cherry Hill Drive<br>Danvers, MA 01923 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>Celestino Palomino, M.D.<br>Manatee Kidney Disease Consultants<br>4203 Bamboo Terrace, Bradenton, FL34210 | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | |
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CR2E083B (12/01)

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.

American Renal Associates Inc., Managing Member

SIGNATURE: _____ Christopher T. Ford, Pres. 2/25/02 (617) 974-5300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #