

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106021

FILED
Apr 23, 2009
Secretary of State

Entity Name: HC ACUTE DIALYSIS SERVICES, LLC

Current Principal Place of Business:

7061 CYPRESS ROAD, SUITE 104
PLANTATION, FL 33317

New Principal Place of Business:

Current Mailing Address:

7061 CYPRESS ROAD, SUITE 104
PLANTATION, FL 33317

New Mailing Address:

FEI Number: 20-5867896

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BURRIER, VICKI
7061 CYPRESS ROAD
SUITE 104
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ST. AUGUSTINE DIALYSIS FACILITY CORP.
Address: 7061 CYPRESS ROAD, SUITE 104
City-St-Zip: PLANTATION, FL 33317

Title: PRES () Delete
Name: LAWRENCE, SPIRA MD
Address: 7061 CYPRESS ROAD, SUITE 104
City-St-Zip: PLANTATION, FL 33317

Title: VP () Delete
Name: BURRIER, VICKI
Address: 7061 CYPRESS ROAD, SUITE 104
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: VICKI BURRIER

VP

04/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date