

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000106021

FILED  
Mar 04, 2011  
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  
Name: ST. AUGUSTINE DIALYSIS FACILITY CORP.  
Address: 7061 CYPRESS ROAD, SUITE 104  
City-St-Zip: PLANTATION, FL 33317

Title: PRES  
Name: SPIRA, BRENDA  
Address: 7061 CYPRESS ROAD, SUITE 104  
City-St-Zip: PLANTATION, FL 33317

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

I hereby 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

03/04/2011

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