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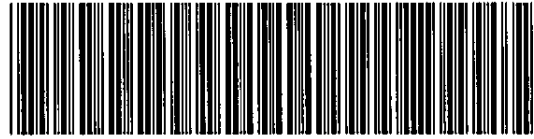
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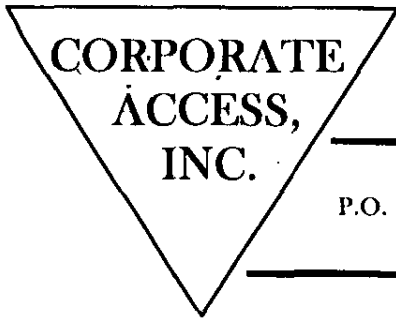


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WALK IN

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1. South Florida Dialysis, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

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TALLAHASSEE, FLORIDA

SPECIAL INSTRUCTIONS: _____

**ARTICLES OF ORGANIZATION
OF
SOUTH FLORIDA DIALYSIS, LLC**

THE UNDERSIGNED, pursuant to the provisions of Chapter 608 of the Florida Statutes for the purpose of forming a Limited Liability Company under the laws of the State of Florida, do hereby set forth the following:

1. **NAME**

The name of the Limited Liability Company is:

SOUTH FLORIDA DIALYSIS, LLC

2. **PERIOD OF DURATION**

This limited liability shall have perpetual existence.

3. **PURPOSE**

The Limited Liability Company shall have all of the powers vested in limited liability companies organized and existing by virtue of the laws of the State of Florida.

4. **ADDRESS OF PLACE OF BUSINESS AND MAILING ADDRESS**

The address of the place of business and mailing address in Florida for the Limited Liability Company is 1150 North 35th Avenue, Suite 465, Hollywood, Florida 33021.

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5. **REGISTERED AGENT**

The name and address of the initial Registered Agent in Florida for the Limited Liability Company is Neil Jason Weiner, 1150 North 35th Avenue, Suite 465, Hollywood, Florida 33021.

6. **MEMBERS**

The name, address and ownership of the members of the Limited Liability Company is as follows:

<u>Name</u>	<u>Address</u>	<u>Percentage</u>
Neil Jason Weiner	1150 North 35 th Avenue Suite 465 Hollywood, Florida 33021	100%

7. **MANAGEMENT**

The business and affairs of Limited Liability Company managed by its member.

8. **AMENDMENT**

The Limited Liability Company reserves the right to amend, alter or repeal any provision contained in these Articles of Organization by vote of the member.

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Executed this 12 day of February, 2007.


SOUTH FLORIDA DIALYSIS, LLC

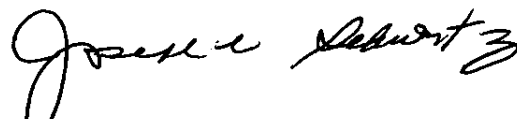
By: 
Neil Jason Weiner

**STATE OF FLORIDA
COUNTY OF BROWARD**

The foregoing instrument was acknowledged before me this 12 day of February, 2007, by **NEIL JASON WEINER** as the sole member of **SOUTH FLORIDA DIALYSIS, LLC**, who is personally known to me, or who has produced v/a as identification.

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 Notary Public State of Florida
Joseph L. Schwartz
My Commission DD328891
Expires 06/14/2008


Notary Public - State of Florida

ACCEPTANCE BY REGISTERED AGENT

HAVING been appointed the Registered Agent of **SOUTH FLORIDA DIALYSIS, LLC**, the undersigned accepts such an appointment, agrees to act in such capacity and accepts the obligations proposed by Florida Statutes Section 608.415 and is herewith simultaneously designed at Registered Agent by **SOUTH FLORIDA DIALYSIS, L.L.C.**

Executed this 12 day of February, 2007.


NEIL JASON WEINER
Registered Agent

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