

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M09000001954

**FILED**  
**Apr 16, 2012**  
**Secretary of State**

**Entity Name:** LAKE CLARKE SHORES DIALYSIS CENTER, LLC

**Current Principal Place of Business:**

920 WINTER STREET  
TAX DEPT  
WALTHAM, MA 02451

**New Principal Place of Business:**

**Current Mailing Address:**

920 WINTER STREET  
TAX DEPT  
WALTHAM, MA 02451

**New Mailing Address:**

**FEI Number:** 27-0210884      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** MGRM  
**Name:** FRESENIUS MEDICAL CARE VENTURES LLC  
**Address:** 920 WINTER STREET  
**City-St-Zip:** WALTHAM, MA 02451

**Title:** MGRM  
**Name:** SOUTH PALM BEACH NEPHROLOGY HOLDINGS, LLC  
**Address:** 5503 SOUTH CONGRESS AVENUE, SUITE 103  
**City-St-Zip:** ATLANTIS, FL 33462

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: PAUL COLANTONIO      AT      04/16/2012

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