

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90007 004 ****50.00

DOCUMENT #

1. Entity Name

ARA-Aventura LLC document no. L01000020151

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

19010 NorthEast 29th Avenue

3. Mailing Address

5 Cherry Hill Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

c/oAmerican Renal Associates

DO NOT WRITE IN THIS SPACE

City & State

Aventura, FL

City & State

Danvers, MA

4. FEI Number

06-1635994

Applied For

Not Applicable

Zip

33180

Country

USA

Zip

01923

Country

USA

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

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

DATE

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 American Renal Associates Inc. 5 Cherry Hill Drive Danvers, MA 01923	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Carl Goldland, M.D. Greater Miami Nephrologists, P.A. 16501 NW Second Avenue, Miami FL 33169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Carlos Pena, M.D. Greater Miami Nephrologists, P.A. 16501 NW Second Avenue, Miami FL 33169	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Christopher T. Ford, Pres.

2/25/02 2/

(617) 974-5300

Date

Daytime Phone #

CR2E083B (12/01)