

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000003728

**FILED**  
**Mar 09, 2011**  
**Secretary of State**

**Entity Name:** BRADENTON DIALYSIS CENTER LLC

**Current Principal Place of Business:**

TANGLEWOOD PROFESSIONAL CENTER  
5837 WEST 21ST AVE. WEST  
BRADENTON, FL 34209 US

**New Principal Place of Business:**

**Current Mailing Address:**

66 CHERRY HILL DRIVE  
BEVERLY, MA 01915 US

**New Mailing Address:**

**FEI Number:** 43-2106855

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

C T 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:** MGR  
**Name:** PALOMINO, M.D., CELESTINO  
**Address:** 4203 BAMBOO TERRACE  
**City-St-Zip:** BRADENTON, FL 34210 US

**Title:** MGR  
**Name:** KAMAL, SYED T  
**Address:** 18302 HIGHWOODS PRESERVE PARKWAY, STE 112  
**City-St-Zip:** TAMPA, FL 33647 US

**Title:** MGR  
**Name:** ROTTURA, SUE  
**Address:** 66 CHERRY HILL DRIVE  
**City-St-Zip:** BEVERLY, MA 01915 US

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:** SYED KAMAL

MGR

03/09/2011

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