

B02000000003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

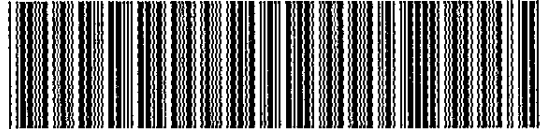
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

BR

Office Use Only



200058724192

FILED

05 AUG 22 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 AUG 22 AM 11:07
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

A-1



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032
REFERENCE : 533424 7477389
AUTHORIZATION : Patricia Lopez
COST LIMIT : \$ 35.00

ORDER DATE : August 10, 2005
ORDER TIME : 10:06 AM
ORDER NO. : 533424-790
CUSTOMER NO: 7477389
CUSTOMER: Lesley Mobbs
Davita Inc.
601 Hawaii Street
El Segundo, CA 90245

05 AUG 22 PM 4:23
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CHANGE OF AGENT

NAME: RENAL TREATMENT
CENTERS - SOUTHEAST, LP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Sara Lea

LIMITED PARTNERSHIP STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT, OR BOTH

Pursuant to the provisions of sections 620.105 and 620.1051, Florida Statutes, the undersigned limited partnership submits the following statement in order to change its registered office or registered agent, or both, in the state of Florida.

1. RENAL TREATMENT CENTERS - SOUTHEAST, LP
Name of the limited partnership

2. December 31, 2001 Date of filing/registration in Florida
3. B02000000003 Document number assigned

4. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T Corporation System
Name
1200 South Pine Island Road
Address
Plantation, FL 33324
City, State and Zip

FILED
05 AUG 22 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5. The name and address of the new registered agent and/or office:

Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box **not** acceptable)
Tallahassee FL 32301
City, State and Zip

6. Such change(s) was/were authorized by the general partners.

Maureen Cullen
Signature of General Partner

Maureen Cullen, Attorney in Fact
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the limited partnership has been notified in writing of this change.

Corporation Service Company
Jacqueline M. Giles
Signature of Registered Agent Jacqueline M. Giles, Asst. Vice President

**Make checks payable to Florida Department of State and mail to:
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
Filing Fee: \$35.00**