

2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT

FILED

Apr 13, 2006 08:00 AM
Secretary of State

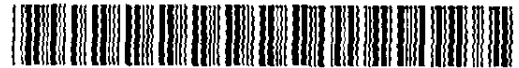
DOCUMENT # L00000009159

1. Entity Name
BOYNTON BEACH DIALYSIS CENTER, LLC



Principal Place of Business
3925 WEST BOYNTON BEACH BLVD.
STE. 110
BOYNTON BEACH, FL 33436

Mailing Address
3925 WEST BOYNTON BEACH BLVD.
STE. 110
BOYNTON BEACH, FL 33436



01162006 No Chg-LLC

CR2E083 (11/05)

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4. FEI Number
65-1068359

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAILIN, JOSHUA
3925 BOYNTON BEACH BLVD #110
BOYNTON BEACH, FL 33436

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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. I am familiar with, and accept, the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	D
NAME	ARRASCUE, JOSE F
STREET ADDRESS	5503 S CONGRESS AVE #103
CITY-ST-ZIP	ATLANTIS, FL 33462
TITLE	MGR
NAME	HALPERT, DAVID
STREET ADDRESS	5503 S CONGRESS AVE #110
CITY-ST-ZIP	ATLANTIS, FL 33462
TITLE	D
NAME	BAILIN, JOSHUA
STREET ADDRESS	5503 S CONGRESS AVE #103
CITY-ST-ZIP	ATLANTIS, FL 33462
TITLE	D
NAME	FARIOS, MARCO G
STREET ADDRESS	5503 S CONGRESS AVE
CITY-ST-ZIP	ATLANTIS, FL 33462
TITLE	D
NAME	GUZMAN-RIVERA, JHON MD
STREET ADDRESS	5503 S CONGRESS AVE #103
CITY-ST-ZIP	ATLANTIS, FL 33462
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/26/06-80127-012 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:

Betty G. Vukobratovic, Admin. CEO

4/5/06 3761748 402

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