2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 08:00 A
Secretary of State

DOCUMENT # L00000009159

1. Entity Name
BOYNTON BEACH DIALYSIS CENTER, LLC

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

DO NOT WRITE IN THIS SPACE

02152007No Chg-LLC CR2E083 (11/05)

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

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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04/17/07-80013-019 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: Billy J. Verbal Admin/CEO 4/2/07 561 740 4025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #