

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2008 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



01162008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

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

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000865444

04/07/08-00020-001-138.75

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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IN THIS SPACE**

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:

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

3/15/08

Date

561-965-7228

Daytime Phone #