

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000001628

Entity Name: MIAMI-ARA LLC

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

100 NW 170TH STREET
SUITE 106
NORTH MIAMI BEACH, FL 33169 US

Current Mailing Address:

5 CHERRY HILL DR.
C/O AMERICAN RENAL ASSOCIATES
DANVERS, MA 01923 US

New Principal Place of Business:

16501 NORTH WEST 2ND AVE
GREATER MIAMI NEPHROLOGY ASSOCIATES
MIAMI BEACH, FL 33169 US

New Mailing Address:

66 CHERRY HILL DR.
C/O AMERICAN RENAL ASSOCIATES
BEVERLY, MA 01915 US

FEI Number: 04-3548124

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: MGRM () Delete
Name: AMERICAN RENAL ASSOC, IATES INC
Address: 5 CHERRY HILL DRIVE
City-St-Zip: DANVERS, MA 01923

Title: MGRM () Delete
Name: MIAMI REGIONAL DIALY, SIS CENTER, IN C
Address: 16501 NORTH WEST 2ND AVENUE
City-St-Zip: MIAMI, FL 33169

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
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City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FORD, CHRISTOPHER T
Address: 66 CHERRY HILL DRIVE
City-St-Zip: BEVERLY, MA 01915

Title: MGR (X) Change () Addition
Name: KAMAL, SYED
Address: 66 CHERRY HILL DRIVE
City-St-Zip: BEVERLY, MA 01915

Title: MGR () Change (X) Addition
Name: CARLUCCI, JOSEPH
Address: 66 CHERRY HILL DRIVE
City-St-Zip: BEVERLY, MA 01915

Title: MGR () Change (X) Addition
Name: GOLDSAND, CARL M.D.
Address: 16501 NORTH WEST 2ND AVE
City-St-Zip: MIAMI, FL 33169

Title: MGR () Change (X) Addition
Name: PENA, CARLOS M.D.
Address: 16501 NORTH WEST 2ND AVE
City-St-Zip: MIAMI, FL 33169

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: CHRISTOPHER T. FORD

MGR

04/27/2006

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