

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000001628

Entity Name: MIAMI-ARA LLC

**FILED**  
**Jan 31, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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: MGR  
Name: CARLUCCI, JOSEPH A.  
Address: 66 CHERRY HILL DRIVE  
City-St-Zip: BEVERLY, MA 01915 US

Title: MGR  
Name: KAMAL, SYED  
Address: 18302 HIGHWOODS PRESERVE PARKWAY, STE 112  
City-St-Zip: TAMPA, FL 33647 US

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

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

I hereby 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: SYED KAMAL

MGR

01/31/2012

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