

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000007338

Entity Name: ARA-SUN CITY DIALYSIS LLC

FILED  
Apr 01, 2009  
Secretary of State

**Current Principal Place of Business:**

952 CYPRESS VILLAGE BLVD  
SUN CITY, FL 33573 US

**New Principal Place of Business:**

**Current Mailing Address:**

66 CHERRY HILL DRIVE  
BEVERLY, MA 01915 US

**New Mailing Address:**

FEI Number: 06-1619146

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 ( ) Delete  
Name: KAMAL, SYED T  
Address: 18302 HIGHWOODS PRESERVE PARKWAY, STE 112  
City-St-Zip: TAMPA, FL 33647 US

Title: MGR ( ) Delete  
Name: RASTOM, STEVEN J  
Address: 18302 HIGHWOODS PRESERVE PARKWAY, STE 112  
City-St-Zip: TAMPA, FL 33647 US

Title: MGR ( ) Delete  
Name: PALOMINO, M.D., CELESTINO  
Address: 4203 BAMBOO TERRACE  
City-St-Zip: BRADENTON, FL 34210 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: SYED KAMAL

MGR.

04/01/2009

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