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Florida Department of State

Division of Corporations
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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

AL I

LIMITED LIABILITY COMPANY

DIALYSIS CENTERS OF AMERICA, L.L.C.

Certificate of Status	Сотболь	V/0364.0
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Page Count 02	Certified Copy	1
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October 11, 2001

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Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314



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ARTICLES OF ORGANIZATION OF DIALYSIS CENTERS OF AMERICA, L.L.C.

ARTICLE I: NAME:

The name of the Limited Liability Company is DIALYSIS CENTERS OF AMERICA, L.L.C.

ARTICLE II: ADDRESS:

The mailing address and street address of the principal office of the Limited Liability

800 South Nova Road, Suite C Ormond Each, Florida 32174 SECRETARY OF STATE TALLAHASSEE, FLORID

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE, AND REGISTEREDAGENT'S SIGNATURE:

The name and the Florida street address of the registered agent are:

GARY H. NEELY 800 South Nova Road, Suite C Ormond Each, Florida 32174

Having been named as registered agent to accept service of process for the above stated limited liability company at the place designated in the Certificate, I hereby accept to act in that capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

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GARY H. NEELY

GARANEE!

Mein bek