

2002-2003
**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

1/2

DOCUMENT # L01000017285 562
1. Entity Name
DIALYSIS CENTERS OF AMERICA, L.L.C.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 JAN -7 PM 2:41

~~300009909673~~
~~01/07/03-01/03/03~~ **\$150.00

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 800 South Nova Road		3. Mailing Address 800 South Nova Road	
Suite, Apt. #, etc. Suite Q		Suite, Apt. #, etc. Suite Q	
City & State Ormond Beach, FL		City & State Ormond Beach, FL	
Zip 32174	Country USA	Zip 32174	Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3748193	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name Gary H. Neely
Street Address (P.O. Box Number is Not Acceptable) 800 South Nova Road, Suite Q
City Ormond Beach
FL
Zip Code 32174

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 *X* *[Signature]* GARY H. NEELY 01/03/2003
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GARY H NEELY 800 SOUTH NOVA ROAD SUITE Q ORMOND BEACH FL 32174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	01/07/03-01/03/03 **\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300009909673 01/07/03-01/03/03 **\$150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	02 FF \$50
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	03 FF \$50
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	0P \$50

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *X* *[Signature]* GARY H. NEELY 01/03/2003 (386) 267-0066
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)

2/2

Dialysis Centers of America, L.L.C.
800 South Nova Road, Suite Q
Ormond Beach, Florida 32174
(386) 267-0066
fax (386) 267-1153

January 3, 2003

Secretary of State
Corporations
P. O. Box 6327
Tallahassee, Florida 32314/

RE: UBR/reinstatement

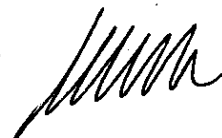
Gentlemen:

Enclosed please find a UBR for filing concerning Dialysis Centers of America, L.L.C. I note that we never received the form notice and this may be attributable to the fact that we moved within the same office complex earlier this year.

I enclose the customary fee of \$150.00 and respectfully request that any penalties or late fees be waived.

Thank you for your assistance and consideration in this matter.

Sincerely yours,



GARY H. NEELY