

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013610

Entity Name: ARA-SEBRING DIALYSIS LLC

FILED  
Apr 21, 2008  
Secretary of State

## Current Principal Place of Business:

4245 SUN'N LAKE BOULEVARD  
UNIT 2  
SEBRING, FL US

## New Principal Place of Business:

4245 SUN'N LAKE BOULEVARD  
UNIT 2  
SEBRING, FL 33872 US

## Current Mailing Address:

66 CHERRY HILL DRIVE  
C/O AMERICAN RENAL ASSOCIATES INC  
BEVERLY, MA 01915 US

## New Mailing Address:

FEI Number: 13-4264684      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: FORD, CHRISTOPHER T,  
Address: 66 CHERRY HILL DRIVE  
City-St-Zip: BEVERLY, MA 01915 US

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

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

Title: MGR ( ) Delete  
Name: PINZON, ERNESTO M.D.,  
Address: 4421 SUN N' LAKE BLVD  
City-St-Zip: SEBRING, FL 33872 US

Title: MGR ( ) Delete  
Name: ABANILLA, FERNANDO M, .D.  
Address: 4411 SUN N' LAKE BLVD, STE 104  
City-St-Zip: SEBRING, FL 33872 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:

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.

04/21/2008

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