


**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 27, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000035104 1. Entity Name PERITONEAL DIALYSIS SUPPLY, LLC	
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Principal Place of Business 463 GRANT STREET DUNEDIN, FL 34698	Mailing Address 463 GRANT STREET DUNEDIN, FL 34698
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02172004No Chg-LLC CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 54-2088490	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent: CLARK, JUNE A 463 GRANT STREET DUNEDIN, FL 34698
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**DO NOT WRITE
IN THIS SPACE**

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 June A Clark June Clark 2-23-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re/issuing) DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

UN00000068517
02/27/04-80044-015 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CAMPBELL, DANA 19275 ALTA VISTA CIRCLE BROOKFIELD, WI 53045
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM LUCKENBILL, LEE 6044 NORTH BERKELEY MILWAUKEE, WI 53217
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CLARK, JUNE 463 GRANT STREET DUNEDIN, FL 34698
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM RABADI, KHALED 1101B SOUTH COLUMBIA ROAD GRAND FORKS, ND 58201
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: June A Clark June Clark 2-23-04 127-738-5255
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #