


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Aug 29, 2006 8:00 am**  
**Secretary of State**

08-29-2006 90098 001 \*\*\*150.00

**DOCUMENT # L03000010175**

1. Entity Name  
**BREVARD COUNTY DIALYSIS, LLC**



Principal Place of Business  
**2525 WEST END AVE., SUITE 600  
 NASHVILLE, TN 32703**

Mailing Address  
**2525 WEST END AVE., SUITE 600  
 NASHVILLE, TN 32703**

**30013048**

2. Principal Place of Business  
**95 Hayden Ave**

3. Mailing Address  
**95 Hayden Ave**

Suite, Apt. #, etc.

City & State  
**Lexington MA**

City & State  
**Lexington MA**

Zip  
**02420**

Country

Zip  
**02420-9192**

Country



07262006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**20-0250202**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00  
 Due by September 6, 2006**

**Make check payable to  
 Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRUKARDT, GARY A 2525 WEST END AVE., SUITE 600 NASHVILLE, TN 32703	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DILL, DAVID M 2525 WEST END AVE., SUITE 600 NASHVILLE, TN 32703	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAPPELL, DOUGLAS B 2525 WEST END AVE., SUITE 600 NASHVILLE, TN 32703	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN, TIMOTHY P 2525 WEST END AVE., SUITE 600 NASHVILLE, TN 32703	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAKIM, RAYMOND M 2525 WEST END AVE., SUITE 600 NASHVILLE, TN 32703	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

**10. ADDITIONS/CHANGES**

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>see attached</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:** Paul Colantonio **Assistant Treasurer** 7/28/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**ATTACHMENT**  
30013046

**RCG Corp.**

**FEIN # L03000018917**

**LIST OF OFFICERS AND DIRECTORS  
EFFECTIVE 03/31/06**

<b>DIRECTORS</b>	<b>OFFICE</b>	<b>BUSINESS</b>
<b>MATS WAHLSTROM</b>	<b>DIRECTOR</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02420</b>
<b>OFFICERS</b>	<b>OFFICE</b>	<b>BUSINESS</b>
<b>MATS WAHLSTROM</b>	<b>PRESIDENT</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02420</b>
<b>RONALD J. KUERBITZ</b>	<b>EXEC. VICE PRESIDENT</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02420</b>
<b>DEBORAH HARVEY</b>	<b>SR. VICE PRESIDENT</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02420</b>
<b>ROBERT MCGORTY</b>	<b>VICE PRESIDENT</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02420</b>
<b>JOSEPH J. RUMA</b>	<b>VICE PRESIDENT</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02420</b>
<b>MARK FAWCETT</b>	<b>TREASURER</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02420</b>
<b>PAUL J. COLANTONIO</b>	<b>ASSISTANT TREASURER</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02420</b>
<b>MARC S. LIEBERMAN</b>	<b>ASSISTANT TREASURER</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02420</b>
<b>DOUGLAS G. KOTT</b>	<b>SECRETARY</b>	<b>95 HAYDEN AVENUE LEXINGTON, MA 02420</b>

**CORPORATE HEADQUARTERS  
95 HAYDEN AVENUE  
LEXINGTON, MA 02420-9192**