

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008 8:00 am
Secretary of State

04-28-2008 90313 001 *1,110.00

DOCUMENT # L03000010175

1. Entity Name
BREVARD COUNTY DIALYSIS, LLC



30004907

Principal Place of Business
**920 WINTER STREET
WALTHAM, MA 02451**

Mailing Address
**95 HAYDEN AVE
LEXINGTON, MA 02420**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

920 Winter Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012008 Chg-LLC CR2E083 (12/06)

City & State

City & State
Waltham MA

4. FEI Number
20-0250202

Applied For
Not Applicable

Zip

Country

Zip

02451

Country

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
RENAL CARE GROUP OF THE SOUTH, INC
920 WINTER STREET
WALTHAM, MA 02451**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Marc S. Lieberman
Assistant Treasurer of
Renal Care Group of
the South, Inc.

Date

Daytime Phone #