# 2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
05 JUN -6 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L03000018917

1. Entity Name
NAPLES DIALYSIS CENTER, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 9140 CORSEA DEL FONTANA WAY<br>NAPLES, FL 34109 | 9140 CORSEA DEL FONTANA WAY<br>NAPLES, FL 34109 |

06022005 Chg-LLC CR2E083 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 2525 West End Avenue | 2525 West End Avenue |
| Suite, Apt. #, etc.<br>Suite 600 | Suite, Apt. #, etc.<br>Suite 600 |
| City & State<br>Nashville, TN | City & State<br>Nashville, TN |
| Zip / Country<br>37203 / USA | Zip / Country<br>37203 / USA |

4. FEI Number
20-0263531
☐ Applied For
☐ Not Applicable

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

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| MCNAMARA, LISA A<br>9140 CORSEA DEL FONTANA WAY<br>NAPLES, FL 34109 | Name: CT Corporation System<br>Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road<br>City: Plantation FL Zip Code: 33324 |

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 _____ 000055977780 06/09/05--01056--001 **50.00 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Amended AR is $50.00**

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

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>THE HOLTON COMPANY, LLC<br>9140 CORSEA DEL FONTANA WAY<br>NAPLES, FL 34109 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>Gary A. Brukardt<br>2525 West End AVenue, Suite 600<br>Nashville, TN 37203 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>David M. Dill<br>2525 West End Avenue, Suite 600<br>Nashville, TN 37203 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>Douglas B. Chappell<br>2525 West End Avenue, Suite 600<br>Nashville, TN 37203 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>Timothy P. Martin<br>2525 West End Avenue, Suite 600<br>Nashville, TN 37203 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGR<br>Raymond M. Hakim<br>2525 West End Avenue, Suite 600<br>Nashville, TN 37203 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

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:** _____ 6/3/05 615-345-5500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #