



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/29/2006-90098-001-\$150.00-\$50.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 SEP 14 AM 10:34

DOCUMENT # L03000018917 1. Entity Name NAPLES DIALYSIS CENTER, LLC					
Principal Place of Business 2525 WEST END AVENUE., SUITE 600 NASHVILLE, TN 37203			Mailing Address 2525 WEST END AVENUE., SUITE 600 NASHVILLE, TN 37203		
2. Principal Place of Business 95 Hayden Ave		3. Mailing Address 95 Hayden Ave			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Lexington MA		City & State Lexington MA			
Zip 02420-9192		Zip 02420-9192			
4. FEI Number 20-0263531				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				07262006 Chg-LLC CR2E083 (11/05)	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by September 6, 2006		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BRUKARDT, GARY A 2525 WEST END AVENUE., SUITE 600 NASHVILLE, TN 37203	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR DILL, DAVID M 2525 WEST END AVENUE., SUITE 600 NASHVILLE, TN 37203	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CHAPPELL, DOUGLAS B 2525 WEST END AVENUE., SUITE 600 NASHVILLE, TN 37203	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARTIN, TIMOTHY P 2525 WEST END AVENUE., SUITE 600 NASHVILLE, TN 37203	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HAKIM, RAYMOND M 2525 WEST END AVENUE., SUITE 600 NASHVILLE, TN 37203	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Renal Care Group of the South, Inc. 95 Hayden Ave, Lexington MA 02420-9192	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member Renal Care Group of the South, Inc. 95 Hayden Ave, Lexington MA 02420-9192	<input type="checkbox"/> Change <input checked="" type="checkbox"/> 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: <u>Paul Colantonio, Assistant Treasurer</u> of RCG of the South, Inc. 7/28/06					