

# 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 # L03000018917**

1. Entity Name  
**NAPLES DIALYSIS CENTER, LLC**



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

Mailing Address  
**95 HAYDEN AVENUE  
LEXINGTON, MA 02420-9192**

**30004909**



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  
**20-0263531**

Applied For  
Not Applicable

Zip

Country

Zip

Country

**02451**

**USA**

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

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

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

10. ADDITIONS/CHANGES

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 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
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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 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 #