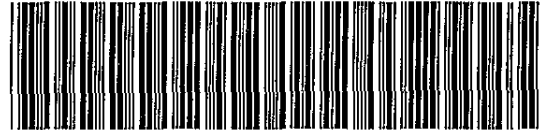


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US COURT - 3  
STATE  
FLORIDA



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AL

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only

McGuireWoods LLP  
150 North Michigan Avenue  
Suite 2500  
Chicago, IL 60601-7567  
Phone: 312.558.1000  
Fax: 312.750.8600  
www.mcguirewoods.com

McGUIREWOODS

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FLORIDA STATE  
TALLAHASSEE, FLORIDA  
312.750.8671 Fax 312.920.7237  
mgibson@mcguirewoods.com

October 2, 2003

**VIA FEDEX**

Registration Section  
Florida Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Re: Articles of Organization - Coastal Kidney Centers, L.L.C.

Dear Sir or Madam:

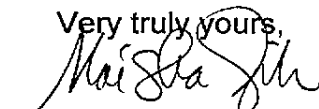
Enclosed for filing with the Florida Division of Corporations are two copies of the Articles of Organization for the above referenced entity and a check in the amount of \$125.00 representing the requisite filing fees for Articles of Organization and Designation of Registered Agent.

The Federal Employer Identification Number for this entity is 20-0269784. Please include this number in the State of Florida Corporations' records for this entity.

Upon registration, please issue a letter of acknowledgment and return the file stamped copy of the Articles of Organization to me in the enclosed self-addressed envelope.

If you have any questions, please call me at 312.750.8671.

Very truly yours,



Maisha Gibson  
Legal Assistant  
Enclosures

cc: James B. Riley, Jr. (without enclosures)  
Mark Kalifa (with enclosures)

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

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03 OCT -3 AM 11:23

CLERK OF STATE  
TALLAHASSEE, FLORIDA

**SUBJECT:** Coastal Kidney Centers, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Mark Kalifa

(Name of Person)

McGuireWoods Ross & Hardies

(Firm/Company)

150 North Michigan Avenue, 25th Floor

(Address)

Chicago, IL 60601

(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Kalifa

(Name of Person)

at ( 312 ) 201-8602

(Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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TERRACE STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:  
Coastal Kidney Centers, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

510 MacArthur Avenue  
Panama City, FL 32401-3636

**Mailing Address:**

510 MacArthur Avenue  
Panama City, FL 32401-3636

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Richard F. Walker, Jr.

Name

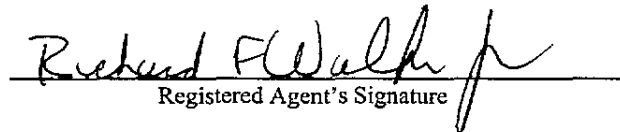
510 MacArthur Avenue

Florida street address (P.O. Box **NOT** acceptable)

Panama City FL 32401-3636

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

  
Registered Agent's Signature

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

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TALLAHASSEE, FLORIDA

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

NGRM	Richard F. Walker, Jr. 510 MacArthur Avenue Panama City, FL 32401
MGRM	Scott E. Dean 510 MacArthur Avenue Panama City, FL 32401
MGRM	A. Oussama Rifai 510 MacArthur Avenue Panama City, FL 32401-3636

(Use attachment if necessary)

**NOTE:** An additional article must be added if an effective date is requested.

**REQUIRED SIGNATURE:**

  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Richard F. Walker, Jr.

Typed or printed name of signee

**Filing Fees:**

\$100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)