

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055438

FILED
Apr 28, 2005
Secretary of State

Entity Name: ATLANTIS DIALYSIS CENTER, LLC

Current Principal Place of Business:

5503 SOUTH CONGRESS AVE, STE 101
ATLANTIS, FL 33462

New Principal Place of Business:

Current Mailing Address:

5503 SOUTH CONGRESS AVE, STE 101
ATLANTIS, FL 33462

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BOWERS, DAVID E ESQ
505 SOUTH FLAGLER DR, STE 1100
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

JONES FOSTER SERVICE, LLC
505 SOUTH FLAGLER DR, STE 1100
WEST PALM BEACH, FL 33401 US

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.

SIGNATURE: DAVID E. BOWERS, MANAGER

04/28/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ARRASCUE, JOSE F M.D.
Address: 5503 SOUTH CONGRESS AVE, STE 101
City-St-Zip: ATLANTIS, FL 33462

Title: MGRM () Delete
Name: BAILIN, JOSHUA M.D.
Address: 5503 SOUTH CONGRESS AVE, STE 101
City-St-Zip: ATLANTIS, FL 33462

Title: MGRM () Delete
Name: HALPERT, DAVID M.D.
Address: 5503 SOUTH CONGRESS AVE, STE 101
City-St-Zip: ATLANTIS, FL 33462

Title: MGRM () Delete
Name: FARIAS, MARCO G M.D.
Address: 5503 SOUTH CONGRESS AVE, STE 101
City-St-Zip: ATLANTIS, FL 33462

Title: MGRM () Delete
Name: GUZMAN-RIVERA, JOHN M.D.
Address: 5503 SOUTH CONGRESS AVE, STE 101
City-St-Zip: ATLANTIS, FL 33462

Title: MGRM () Delete
Name: VALENZUELA, OSVALDO F
Address: 5503 SOUTH CONGRESS AVE, STE 101
City-St-Zip: ATLANTIS, FL 33462

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Title: () Change () Addition
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City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JOSE F. ARRASCUE

MGRM

04/28/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date