2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # L03000055438

1. Entity Name
ATLANTIS DIALYSIS CENTER, LLC

Principal Place of Business
5503 SOUTH CONGRESS AVE, STE 101
ATLANTIS, FL 33462

Mailing Address
5503 SOUTH CONGRESS AVE, STE 101
ATLANTIS, FL 33462

DO NOT WRITE IN THIS SPACE

01162006 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-0538798
☐ Applied For
☐ Not Applicable

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

6. **Name and Address of Current Registered Agent**

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

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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

Filing Fee is $50.00
Due by May 1, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	ARRASCUE, JOSE F M.D.
STREET ADDRESS	5503 SOUTH CONGRESS AVE, STE 101
CITY-ST-ZIP	ATLANTIS, FL 33462
TITLE	MGRM
NAME	BAILIN, JOSHUA M.D.
STREET ADDRESS	5503 SOUTH CONGRESS AVE, STE 101
CITY-ST-ZIP	ATLANTIS, FL 33462
TITLE	MGRM
NAME	HALPERT, DAVID M.D.
STREET ADDRESS	5503 SOUTH CONGRESS AVE, STE 101
CITY-ST-ZIP	ATLANTIS, FL 33462
TITLE	MGRM
NAME	FARIAS, MARCO G M.D.
STREET ADDRESS	5503 SOUTH CONGRESS AVE, STE 101
CITY-ST-ZIP	ATLANTIS, FL 33462
TITLE	MGRM
NAME	GUZMAN-RIVERA, JOHN M.D.
STREET ADDRESS	5503 SOUTH CONGRESS AVE, STE 101
CITY-ST-ZIP	ATLANTIS, FL 33462
TITLE	MGRM
NAME	VALENZUELA, OSVALDO F
STREET ADDRESS	5503 SOUTH CONGRESS AVE, STE 101
CITY-ST-ZIP	ATLANTIS, FL 33462

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04/26/06-80132-018 50.00

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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 Betty Webb Admin. /COO 4/5/06 561-740-4025
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #