


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90348 028 ****50.00

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
---	---

2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

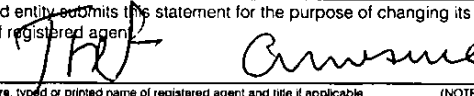
60034040



02272007 Chg-LLC CR2E083 (12/06)

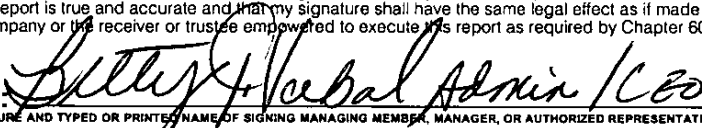
4. FEI Number 20-0538798	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent JONES FOSTER SERVICE, LLC 505 SOUTH FLAGLER DR, STE 1100 WEST PALM BEACH, FL 33401	7. Name and Address of New Registered Agent Name ARRASCUE, JOSE F Street Address (P.O. Box Number is Not Acceptable) 5503 SOUTH CONGRESS AVE, STE 101 ATLANTIS, FL City ATLANTIS, FL Zip Code 33462
---	---

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 	DATE 4/2/07

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
---	--

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ARRASCUE, JOSE F M.D. 5503 SOUTH CONGRESS AVE, STE 101 ATLANTIS, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BAILIN, JOSHUA M.D. 5503 SOUTH CONGRESS AVE, STE 101 ATLANTIS, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HALPERT, DAVID M.D. 5503 SOUTH CONGRESS AVE, STE 101 ATLANTIS, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM FARIAS, MARCO G M.D. 5503 SOUTH CONGRESS AVE, STE 101 ATLANTIS, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GUZMAN-RIVERA, JOHN M.D. 5503 SOUTH CONGRESS AVE, STE 101 ATLANTIS, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VALENZUELA, OSVALDO F 5503 SOUTH CONGRESS AVE, STE 101 ATLANTIS, FL 33462 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: 	DATE: 4/2/07 DAYTIME PHONE: 561-967-0633