

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 21, 2008 8:00 am
Secretary of State

03-21-2008 90118 013 ***138.75

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

60016288



01162008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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

ARRASCUA, JOSE F
5503 SOUTH CONGRESS AVE
SUITE 101
ATLANTIS, FL 33462

**DO NOT WRITE
IN THIS SPACE**

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

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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IN THIS SPACE**

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, OR AUTHORIZED REPRESENTATIVE

3/19/08

Date

561-965-7228

Daytime Phone #