

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000086451

FILED
Feb 15, 2006
Secretary of State

Entity Name: DIALYSIS SERVICES OF CENTRAL FLORIDA, LLC

Current Principal Place of Business:

2501 N. ORANGE AVENUE SUITE 537N
ORLANDO, FL 32804

New Principal Place of Business:

Current Mailing Address:

2501 N. ORANGE AVENUE SUITE 537N
ORLANDO, FL 32804

New Mailing Address:

FEI Number: 20-2134321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AYCRIGG, CHRISTOPHER
2501 N. ORANGE AVENUE SUITE 537N
ORLANDO, FL 32804 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: YOUELL, TIMOTHY D M.D.
Address: 351 PRIMA VERA COVE
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: MGR () Delete
Name: SACKEL, HOWARD A
Address: 3245 DEER CHASE RUN
City-St-Zip: LONGWOOD, FL 32779

Title: MGR () Delete
Name: SANTIN, JOSE L MD
Address: 4000 BERMUDA GROVE PLACE
City-St-Zip: LONGWOOD, FL 32779

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:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: TIMOTHY D. YOUELL

MGR

02/15/2006

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