## 105000059259

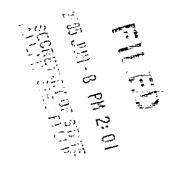
(Re	equestor's Name)	
(Ad	idress)	
(Ad	dress)	····
(Cit	ry/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
9		
·		





400055809114

06/08/05--01036--006 \*\*155.00



W5-59259

## TRANSMITTAL LETTER

rò:	Registration S Division of C			
SUBJE	ECT: The Kids	ney Group of Clearwater, LLC (Name of Limited	d Liability Company)	
The en	closed Articles	of Organization and fee(s) are so	ubmitted for filing.	
Please	return all corres	spondence concerning this matte	r to the following:	
	<del></del>		M. Harder Name of Person)	<del>landaria de Paragladora</del> de ser ser ser ser ser ser ser ser se ser se
			& Kahn, S.C. Firm/Company)	
		Ų	rum/Company)	
	<u> </u>	780 Norti	1 Water Street (Address)	·
			ee, WI 53202 (State and Zip Code)	
For fu	rther informatio	n concerning this matter, please	•	
Joni M	1. Harder		at (414 ) 287-9307	
Engla		ne of Person)  for the following amount:	(Area Code & Daytime To	
	5.00 Filing Fee	-	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Reg Divi 409	REET ADDRESS: istration Section (sion of Corporations E. Gaines Street ahassee, Florida 32399	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	DDRESS: Section orporations 7



780 NORTH WATER STREET MILWAUKEE, WI 53202-3590 TEL 414-273-3500 FAX 414-273-5198 www.gklaw.com

Godfrey & Kahn, s.c. Milwaukee Appleton Green Bay Waukesha

LAFOLLETTE GODFREY & KAHN
MADISON

June 7, 2005

## VIA FEDERAL EXPRESS

Department of State Division of Corporations 409 East Gaines Street Tallahassee, Florida 32399

RE: The Kidney Group of Clearwater, LLC

Dear Sir or Madam:

Enclosed for filing are Articles of Organization of The Kidney Group of Clearwater, LLC. Also enclosed is a check in the amount of \$155.00 to cover the fees for the certified copy and the filing fee. Once the Articles of Organization have been filed, please forward the certified copy to my attention in the enclosed Federal Express envelope.

If you have any questions, or require anything further, please contact me toll free at 877-455-2900.

Very truly yours,

GODFREY & KAHN, S.C.

Jon**U**M. Harder Paralegal

JH:pjr Enclosure

cc: Charles G. Vogel (w/o encl.)

MW963584\_1.DOC

RICLES OF ORGANIZATION 1	OR FLORIDA LIMITED LIABIL	ATY COMPANY
ARTICLE I - Name: The name of the Limited Liability Com	pany is:	
The Kidney Group of Clearwater, LLC		<u></u>
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited L	iability Company is:
Principal Office Address:	Mailing Address:	
617 Lakeview Road	617 Lakeview Road	
Clearwater, FL 33756-3338	Clearwater, FL 33756-3338	100
The name and the Florida street address	Janet R. Dees Name	
1964 Ba	yshore Boulevard Unit C	and the second s
Florida	street address (P.O. Box NOT acceptable)	
	edin, Florida 34698	
Ci	ty, State, and Zip	
liability company at the place design registered agent and agree to act in this statutes relating to the proper and con	t and to accept service of process for the nated in this certificate, I hereby accept the capacity. I further agree to comply with nplete performance of my duties, and I at a as registered agent as provided for in C	he appointment as h the provisions of all m familiar with and
Regis	Janet R. Dees  Litered Agent's Signature	

(CONTINUED)

Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
	ALL 15
	· White the state of the state
MGRM	The Kidney Group, LLC
* * *	1964 Bayshore Boulevard Unit C
	Dunedin, FL 34698
	and the second s
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested
REQUIRED SIGNATURE:	
THE KIDNEY GR	ROUP, LLC
	1.11.
By: Vag Bl	
Signature of a member	er or an authorized representative of a member.
(In accordance with se of this document const that the facts stated !	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury nerein are true.)
Dai	na A. Campbell, M.D., Member
Dai	ia A. Campoen, W.D., Member

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

Page 2 of 2