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al

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** The Kidney Group of Clearwater, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Joni M. Harder  
(Name of Person)

Godfrey & Kahn, S.C.  
(Firm/Company)

780 North Water Street  
(Address)

Milwaukee, WI 53202  
(City/State and Zip Code)

For further information concerning this matter, please call:

Joni M. Harder at (414) 287-9307  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certificate of Status<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certificate of Status<br>(additional copy is enclosed) |
|--|---|---|--|

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



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GODFREY & KAHN, S.C.  
MILWAUKEE  
APPLETON  
GREEN BAY  
WAUKESHA

LA FOLLETTE 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 M. Harder  
Paralegal

JH:pjr

Enclosure

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

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14-11-2005  
11:20:02

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

The Kidney Group of Clearwater, LLC

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

#### Principal Office Address:

617 Lakeview Road  
Clearwater, FL 33756-3338

#### Mailing Address:

617 Lakeview Road  
Clearwater, FL 33756-3338

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Janet R. Dees

Name

1964 Bayshore Boulevard Unit C

Florida street address (P.O. Box **NOT** acceptable)

Dunedin, Florida 34698

City, State, and Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..*

Janet R. Dees

Janet R. Dees  
Registered Agent's Signature

(CONTINUED)

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CLEARWATER, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

The Kidney Group, LLC

1964 Bayshore Boulevard Unit C

Dunedin, FL 34698

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

THE KIDNEY GROUP, LLC

By: 

**Signature of a member or an authorized representative of a member.**

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Dana A. Campbell, M.D., Member

Typed or printed name of signee

**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)**

