

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000070492

FILED
Apr 13, 2006
Secretary of State

Entity Name: SW FLORIDA DIALYSIS SERVICES LLC

Current Principal Place of Business:

7292 COOLIDGE ROAD
FORT MYERS, FL 33912

New Principal Place of Business:

Current Mailing Address:

7292 COOLIDGE ROAD
FORT MYERS, FL 33912

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMALLBIZ AGENTS, LLC
4244 W. TENNESSEE STREET
#185
TALLAHASSEE, FL 32304 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: MACDONALD, JOHN A
Address: 7292 COOLIDGE ROAD
City-St-Zip: FORT MYERS, FL 33912

Title: MGR () Delete
Name: MACDONALD, ANNTONI M
Address: 7292 COOLIDGE ROAD
City-St-Zip: FORT MYERS, FL 33912

ADDITIONS/CHANGES:

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: JOHN A. MACDONALD

MGR

04/13/2006

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