2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2007
Secretary of State

DOCUMENT# L05000070492

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 01/05/2007

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