2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000070492

City-St-Zip:

FORT MYERS, FL 33912

Entity Name: SW FLORIDA DIALYSIS SERVICES LLC

FILED May 05, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 7292 COOLIDGE ROAD FORT MYERS, FL 33912 **Current Mailing Address: New Mailing Address:** 7292 COOLIDGE ROAD FORT MYERS, FL 33912 FEI Number: 20-3189748 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SMALLBIZ AGENTS, LLC JOHN, MACDONALD 4244 W. TENNESSEE STREET 7292 COOLIDGE ROAD FORT MYERS, FL 33967 US #185 TALLAHASSEE, FL 32304 US 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: JOHN A. MACDONALD 05/05/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGR Title: () Change () Addition () Delete MACDONALD, JOHN A Name: Name: Address: 7292 COOLIDGE ROAD Address: City-St-Zip: FORT MYERS, FL 33912 City-St-Zip: Title: MGR () Delete Title: () Change () Addition MACDONALD, ANNTONI M Name: Name: Address: 7292 COOLIDGE ROAD Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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 05/05/2009