

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000070492

**FILED**  
**Apr 15, 2011**  
**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:** 20-3189748

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

JOHN, MACDONALD  
7292 COOLIDGE ROAD  
FORT MYERS, FL 33967 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  
**Name:** MACDONALD, JOHN A  
**Address:** 7292 COOLIDGE ROAD  
**City-St-Zip:** FORT MYERS, FL 33912

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

I hereby 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

04/15/2011

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