


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR)**

FILED
Apr 23, 2007 8:00 am
Secretary of State

03-27-2007 90196 018 *****55.00

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DOCUMENT # L06000013864 1. Entity Name BROWARD KIDNEY CENTERS OF FORT LAUDERDALE, LLC																																																																																																																	
Principal Place of Business 1515 UNIVERSITY DR., STE 203 CORAL SPRINGS FL 33071		Mailing Address 1515 UNIVERSITY DR., STE 203 CORAL SPRINGS FL 33071																																																																																																															
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.																																																																																																															
City & State Zip Country		City & State Zip Country		4. FEI Number 204318934 Applied For <input type="checkbox"/> Not Applicable																																																																																																													
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required		1st MOORE CR2E083 (10/06)																																																																																																															
6. Name and Address of Current Registered Agent KAPLAN, HAROLD E 1515 UNIVERSITY DR., STE 203 CORAL SPRINGS FL 33071			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>																																																																																																														
8. 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. I am familiar with, and accept the obligations of registered agent.																																																																																																																	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing)</small>																																																																																																																	
		FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007																																																																																																															
<div style="display: flex;"> <div style="flex: 1;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;">NAME</td> <td style="width: 15%; text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td>Rachael M. Bloomfield, Mgr.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8130 Royal Palm Blvd., Ste 102</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>Coral Springs, FL 33065</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td>Asghar A. Chaudry, Mgr.</td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td>8130 Royal Palm Blvd., Ste 102</td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td>Coral Springs, FL 33065</td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="flex: 1;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 85%;">NAME</td> <td style="width: 15%; text-align: right;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td>NAME</td> <td style="text-align: right;">Change Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td><input type="checkbox"/> <input type="checkbox"/></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY- ST- ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	NAME	Delete	NAME	Rachael M. Bloomfield, Mgr.	<input type="checkbox"/>	STREET ADDRESS	8130 Royal Palm Blvd., Ste 102		CITY- ST- ZIP	Coral Springs, FL 33065		TITLE	NAME	Delete	NAME	Asghar A. Chaudry, Mgr.	<input type="checkbox"/>	STREET ADDRESS	8130 Royal Palm Blvd., Ste 102		CITY- ST- ZIP	Coral Springs, FL 33065		TITLE	NAME	Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY- ST- ZIP			TITLE	NAME	Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY- ST- ZIP			TITLE	NAME	Delete	NAME		<input type="checkbox"/>	STREET ADDRESS			CITY- ST- ZIP			TITLE	NAME	Change Addition	NAME		<input type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY- ST- ZIP			TITLE	NAME	Change Addition	NAME		<input type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY- ST- ZIP			TITLE	NAME	Change Addition	NAME		<input type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY- ST- ZIP			TITLE	NAME	Change Addition	NAME		<input type="checkbox"/> <input type="checkbox"/>	STREET ADDRESS			CITY- ST- ZIP		
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u><i>Rachael M. Bloomfield</i></u> 2/8/07 954-345-4333 <small>SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> RACHAEL M. BLOOMFIELD, MANAGER																																																																																																																	

ATTACHMENT

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HAROLD E. KAPLAN, M.P.A., J.D.
BOARD CERTIFIED HEALTH LAW ATTORNEY

MAILING ADDRESS:
P.O. Box 770081
CORAL SPRINGS, FLORIDA 33077-0081

COLONIAL PLACE
1515 UNIVERSITY DRIVE, SUITE 203
CORAL SPRINGS, FLORIDA 33071
TELEPHONE: (954) 345-6338
TELECOPIER: (954) 345-7299

ADMITTED: FLORIDA, NEW YORK
HEALTH, CORPORATE, BUSINESS
AND EMPLOYMENT LAW. MEDIATION

February 6, 2007

Rachael M. Bloomfield, D.O., Manager
8130 Royal Palm Boulevard, Suite 102
Coral Springs, Florida 33065

Re: Broward Kidney Centers Of Coral Springs, LLC Annual Report
Broward Kidney Centers of Fort Lauderdale, LLC Annual Report

Dear Dr. Bloomfield:

Please find enclosed both LLCs' 2007 Annual Reports. Notice that the principal place of business is still listed as my office. Please update the address for each place of business and the mailing address and also include each company's F.E.I.D. number in box 4.

Please sign the form where indicated. The filing fee is \$50.00 payable to the Florida Department of State due by May 1, 2007. There is a late fee of \$100.00 if not filed by September 8, 2007, and failure to file may result in the companies being involuntarily dissolved. Therefore, please file it promptly. If you choose, you may also file the reports online as noted on the enclosed reminder cards received in my office.

I have enclosed the envelope to expedite the processing directly to the Florida Division of Corporations if you do not file online.

Very truly yours,



Harold E. Kaplan, Esq.
HEK/lan
Enclosures