Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0383

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)634-3694 Phone Fax Number : (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

broward kidney centers of coral springs, Ilc

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ARTICLES OF ORGANIZATION OF BROWARD KIDNEY CENTERS OF CORAL SPRINGS, LLC

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE ! -- Name:

The name of the limited liability company (hereinafter referred to as the "Company") is "Broward Kidney Centers of Coral Springs, LLC."

ARTICLE II -- Address:

The mailing address and street address of the principal office of the Company is: 1515 University Drive, Suite 203
Coral Springs, Florida 33071

ARTICLE III — Registered Agent, Registered Office & Registered Agent's Signature: The name and Florida street address of the registered agent are: Harold E. Kaplan, 1515 University Drive, Suite 203, Coral Springs, Florida 33071.

Having been named as registered agent and to accept service of process for the above state limited liability company the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provision of all status relating to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

Harold E. Kaplan

ARTICLE IV — Management:

The Company is to be a manager managed company.

ARTICLE V — Limitation on Agency Authority of Members:

Pursuant to section 608.4235 of the Florida Limited Liability Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 7th day of February 2006.

them to be my act this 7th day of February, 2006.

Francisco F. Kaylor Signature of authorized representative

(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Harold E. Kaplan

Typed or printed name of signee

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