FILED
Sep 10, 2007 8:00 am
Secretary of State

08-09-2007 90019 039 ****50.00
02-26-2007 90316 001 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

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DOCUMENT # L06000013880

1. Entity Name
BROWARD KIDNEY CENTERS OF CORAL SPRINGS, LLC

Principal Place of Business	Mailing Address
1515 UNIVERSITY DR., STE 203 CORAL SPRINGS, FL 33071	1515 UNIVERSITY DR., STE 203 CORAL SPRINGS, FL 33071

08012007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
850 Riverside Drive	850 Riverside Drive
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Coral Spring, Fl	City & State: Coral Spring, Fl
Zip: 33071 Country: Broward	Zip: 33071 Country: Broward

4. FEI Number: 20-4318934 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
KAPLAN, HAROLD E 1515 UNIVERSITY DR., STE 203 CORAL SPRINGS, FL 33071	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	member managing Asghar Chaudhry 850 Riverside Drive Coral Spring, Fl. 33071 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	member manager Rachael Bloomfield 850 Riverside Drive Coral Spring, Fl. 33071 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: [signature] 8/2/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #