2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Aug 29, 2008 8:00 am Secretary of State 08-05-2008 90022 004 ***538.75

DOCUMENT # L06000013880 1. Erkily Name BROWARD KIDNEY CENTERS OF CORAL SPRINGS, LLC						30 03 2		0 22 00 1	336.76
Principal Place	of Business	Mailing Address			20011001				
850 RIVERSII CORAL SPRIN	DE DR IGS. FL 33071	850 RIVERSIDE DR CORAL SPRINGS, FL 33071				eu a 2115 2111 2211 2211 2211	(N 4 B/B) #0 B	. (77) tales iĝin	#DIAGS PH SDAS
2. Principal Pl	ace of Business - No P.O. Box #	3. Mailing Address			-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			08042008	Chg-LLC	CR2E	083 (12/06	5)
City & State		City & State			4. FEI Num 20-43	ber 18934		<u> </u>	Applied For Not Applicable
Zip	Country	Zip Country		itry	1	e of Status Desired	מ	\$5.00 A Fee Requi	
	6. Name and Address of Current I	egistered Agent Name		Name	7. Name ar	d Address of New F	legistered	Agent	
KAPLAN, H	HAROLD E								·
	ERSITY DR., STE 203 PRINGS, FL 33071		Street Address			ber is Not Acceptabl	e) 		
				City				Zip Co	xde
8. The above	named entity submits this statement for	the purpose of changing its	register	ed office or registe	ered agent, or b	oth, in the State of FI			h, and accept
the obligations of registered agent.									
JOHATORE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Regulare	d Agent signeture requir	ed when reinstating)		DATE		
	E NOW!!! FEE IS \$538.75 by September 12, 2008							payable to ment of St	
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS	/CHANGE	S	
TITLE	MGRM	Celete	TiTL					☐ Change	Addition
NAME STREET ADDRESS	CHAUDHAY, ASGHAR 850 RIVERSIDE DR		NAM Stre	EET ADORESS					
CITY-ST-ZIP	CORAL SPRINGS, FL 33071		CITY	-ST-ZIP					
TITLE	MGRM	☐ Delete	TITL	-				Change	Addition
NAME STREET ADDRESS	BLOOMFIELD, RACHAEL B50 RIVERSIDE DR		NAU	IÉ EET ADORESS					
CITY-ST-ZIP	CORAL SPRINGS, FL 33071			-ST-ZIP					
TITLE		☐ Delete	TITL	E				☐ Change	Addition
NAME			NAM						
STREET ADDRESS				EET ADORESS ST - ZIP					
TITLE		☐ Delete	TITL	E	-	···········		☐ Change	Addition
NAME			NAM	£					
STREET ADDRESS CITY-ST-ZIP				LET ADORESS					
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NAME			NAM	I					
STREET ADDRESS CITY-ST-ZIP				EFT ADDRESS . 7-ST-ZIP					
TIFLE		Oplete	TITL			_ 	 	☐ Change	Addition
NAME			NAM	l l					
STREET ADDRESS				EET ADORESS :					
CITY-ST-ZIP	certify that the information cumplied with	this fling does not qualify for			d in Chapter 11	9. Florida Statutes. Li	urther cen	fy that the in	formation
11. I hereby certify that the information supplied with this filing does not quality 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 receivagor trustee, empowered to execute this report as required by Chapter 608, Florida Statutes.									
WINGO IIE	A A	M				- :=:=:			
SIGNAT	URE: X	La							
1 2:2:37	AND A TIME AND TYPED OR PRINTED HAVE O	F EXCHING MANAGING MERCER, MA	MAGES IN	AUTHORIZED REPORT	RYNTATIVE	Dete		Caytre Phone	