2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020877

City-St-Zip:

Entity Name: JOHNSON DIALYSIS CENTER, LLC

FILED Apr 22, 2007 Secretary of State

Current Principal Place of Business:				New Pri	New Principal Place of Business:		
	ISON STREET E PINES, FL 3		US				
Current Mailing Address:				New Ma	New Mailing Address:		
3253 NW 1 SUNRISE,	04TH AVENUE FL 33351	Ξ					
FEI Number:	20-5166181	FEI Num	nber Applied For()	FEI Number Not Ap	oplicable () Certifica	ate of Status Desired ()	
Name and Address of Current Registered Agent:				Name ar	Name and Address of New Registered Agent:		
LANORIAS, EDUARDO 8252 NW 44TH STREET CORAL SPRINGS, FL 33065 US				3253 NV	ESTABILLO, RUBEN 3253 NW 104TH AVENUE SUNRISE, FL 33351 US		
The above in the State		ubmits th	nis statement for the pu	rpose of changing	g its registered office or r	registered agent, or both	
SIGNATURE: RUBEN ESTABILLO					04/22/2007		
	Electronic	c Signati	ure of Registered Agen	t		Date	
MANAGING MEMBERS/MANAGERS:				ADDITION	ADDITIONS/CHANGES:		
Title: Name: Address: City-St-Zip:	MGRM () I ESTABILLO, RUI 3253 NW 104TH SUNRISE, FL 33	AVENUE		Title: Name: Address: City-St-Zip	() Change	() Addition	
Title: Name: Address: City-St-Zip:	MGR () I LANORIAS, EDU 8252 NW 44TH S CORAL SPRING	STREET	965	Title: Name: Address: City-St-Zip	() Change	() Addition	
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip	MGR () Change CARRASCO, GRACE TAI 220 NW 151 AVENUE PEMBROKE PINES, FL	N	
Title: Name: Address: City-St-Zip:	1()	Delete		Title: Name: Address: City-St-Zip	MGR () Change SIAO, GLORIA 5271 SW 141 TERRACE MIRAMAR, FL 33027		
Title: Name: Address:	1()	Delete		Title: Name: Address:	MGR () Change REYES, EVELYN 800 SW 191 TERRACE	(X) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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.

City-St-Zip:

PEMBROKE PINES, FL 33029

SIGNATURE: RUBEN ESTABILLO MGRM 04/22/2007