2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000020877

Entity Name: JOHNSON DIALYSIS CENTER, LLC

FILED Feb 06, 2010 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7763-7771 JOHNSON ST 7763-7771 JOHNSON ST

HOLLYWOOD, FL 33024 US PEMBROKE PINES, FL 33024 US

Current Mailing Address: New Mailing Address:

7763-7771 JOHNSON ST 7769 JOHNSON ST

HOLLYWOOD, FL 33024 US PEMBROKE PINES, FL 33024 US

FEI Number: 20-5166181 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ESTABILLO, RUBEN 3253 NW 104TH AVENUE SUNRISE, FL 33351 US

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.

SIGNATURE:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR

Name: ESTABILLO, RUBEN
Address: 3253 NW 104TH AVENUE
City-St-Zip: SUNRISE, FL 33351 US

Title: MGR

 Name:
 LANORIAS, GRACE

 Address:
 8252 NW 44TH STREET

 City-St-Zip:
 CORAL SPRINGS, FL 33065

Title: MGR

 Name:
 CARRASCO, GRACE TAN

 Address:
 220 NW 151 AVENUE

 City-St-Zip:
 PEMBROKE PINES, FL 33028

Title: MGR

Name: SIAO, GLORIA

Address: 5271 SW 141 TERRACE City-St-Zip: MIRAMAR, FL 33027

Title: MGR

 Name:
 REYES, EVELYN

 Address:
 800 SW 191 TERRACE

 City-St-Zip:
 PEMBROKE PINES, FL 33029

Title: DR

Name: GULATI, MANJIT

Address: 10726 CHARLESTON PLACE City-St-Zip: COOPER CITY, FL 33026

I hereby 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 Statues.

SIGNATURE: RUBEN ESTABILLO CEO 02/06/2010