2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: JOHNSON DIALYSIS CENTER, LLC

Current Principal Place of Business:

7763-7771 JOHNSON ST
PEMBROKE PINES, FL 33024 US

New Principal Place of Business:

7769 JOHNSON ST
PEMBROKE PINES, FL 33024 US

Current Mailing Address:

7769 JOHNSON ST
PEMBROKE PINES, FL 33024 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: JARAMILLO, AMELIA
Address: 3253 NW 104TH AVENUE
City-St-Zip: SUNRISE, FL 33351

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 MGR 03/09/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date