2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Dec 18, 2007
Secretary of State

DOCUMENT# L06000068351

Entity Name: ROD'S MOBILE DIALYSIS SERVICE, LLC

Current Principal Place of Business:

660 N.E. 165TH STREET
NORTH MIAMI, FL 33162

New Principal Place of Business:

680 NE 64 STREET
SUITE A-508
MIAMI, FL 33138

Current Mailing Address:

660 N.E. 165TH STREET
NORTH MIAMI, FL 33162

New Mailing Address:

680 NE 64 STREET
SUITE A-508
MIAMI, FL 33138

FEI Number: 20-5401692 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

EDDINGTON, RODERICK
660 N.E. 165TH STREET
NORTH MIAMI, FL 33162 US

Name and Address of New Registered Agent:

EDDINGTON, RODERICK
680 NE 64 STREET
SUITE A-508
MIAMI, FL 33138 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: RODERICK EDDINGTON 12/18/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: EDDINGTON, RODERICK
Address: 660 N.E. 165TH STREET
City-St-Zip: NORTH MIAMI, FL 33162

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: EDDINGTON, RODERICK
Address: 680 NE 64 STREET SUITE A-508
City-St-Zip: MIAMI, FL 33138

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: RODERICK EDDINGTON MGRM 12/18/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date