

# **2008 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L06000068351

**FILED**  
**Dec 11, 2008**  
**Secretary of State**

**Entity Name:** ROD'S MOBILE DIALYSIS SERVICE, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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:**

**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

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

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

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

MR

12/11/2008

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