

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071284

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: EAST COAST DIALYSIS SERVICES, LLC

**Current Principal Place of Business:**

7061 CYPRESS ROAD, SUITE 104  
PLANTATION, FL 33317

**New Principal Place of Business:**

**Current Mailing Address:**

7061 CYPRESS ROAD, SUITE 104  
PLANTATION, FL 33317

**New Mailing Address:**

FEI Number: 20-5256077

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

WEIL, KENNETH J ESQ.  
RICHMAN GREEN WEIL BRUMBAUGH MIRABITO  
201 S. BISCAYNE BLVD, SUITE 1000  
MIAMI, FL 33131 US

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

BURRIER, VICKI  
C/O KRU MEDICAL VENTURES LLC  
7061 CYPRESS ROAD SUITE 104  
PLANTATION, FL 33317 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: VICKI BURRIER

04/23/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ST. AUGUSTINE DIALYSIS FACILITY CORP.  
Address: 7061 CYPRESS ROAD, SUITE 104  
City-St-Zip: PLANTATION, FL 33317

Title: PRES ( ) Delete  
Name: LAWRENCE, SPIRA MD  
Address: 7061 CYPRESS ROAD  
City-St-Zip: PLANTATION, FL 33317

Title: VP ( ) Delete  
Name: BURRIER, VICKI  
Address: 7061 CYPRESS ROAD  
City-St-Zip: PLANTATION, FL 33317

Title: DIR ( ) Delete  
Name: KENNEY, EILEEN  
Address: 7061 CYPRESS ROAD  
City-St-Zip: PLANTATION, FL 33317

**ADDITIONS/CHANGES:**

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

Title: PRES (X) Change ( ) Addition  
Name: SPIRA, LAWRENCE MD  
Address: 7061 CYPRESS ROAD  
City-St-Zip: PLANTATION, FL 33317

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

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: VICKI BURRIER

VP

04/23/2009

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