

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