

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071284

FILED
Apr 27, 2010
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:

BURRIER, VICKI
C/O KRU MEDICAL VENTURES LLC
7061 CYPRESS ROAD SUITE 104
PLANTATION, FL 33317 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: ST. AUGUSTINE DIALYSIS FACILITY CORP.
Address: 7061 CYPRESS ROAD, SUITE 104
City-St-Zip: PLANTATION, FL 33317

Title: PRES
Name: SPIRA, BRENDA
Address: 7061 CYPRESS ROAD
City-St-Zip: PLANTATION, FL 33317

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

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

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 Statutes.

SIGNATURE: VICKI BURRIER

VP

04/27/2010

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