

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000071284

FILED
Feb 22, 2012
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:

1299 E COMMERCIAL BLVD
SUITE 200
OAKLAND PARK, FL 33334

Current Mailing Address:

7061 CYPRESS ROAD, SUITE 104
PLANTATION, FL 33317

New Mailing Address:

1299 E COMMERCIAL BLVD
SUITE 200
OAKLAND PARK, FL 33334

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:

BURRIER, VICKI
C/O KRU MEDICAL VENTURES LLC
1299 E COMMERCIAL BLVD SUITE 200
OAKLAND PARK, FL 33334 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: _____

02/22/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: ST. AUGUSTINE DIALYSIS FACILITY CORP.
Address: 1299 E COMMERCIAL BLVD SUITE 200
City-St-Zip: OAKLAND PARK, FL 33334

Title: PRES
Name: SPIRA, BRENDA
Address: 1299 E COMMERCIAL BLVD SUITE 200
City-St-Zip: OAKLAND PARK, FL 33334

Title: VP
Name: BURRIER, VICKI
Address: 1299 E COMMERCIAL BLVD SUITE 200
City-St-Zip: OAKLAND PARK, FL 33334

Title: DIR
Name: KENNEY, EILEEN
Address: 1299 E COMMERCIAL BLVD SUITE 200
City-St-Zip: OAKLAND PARK, FL 33334

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: SANDRA R MIRANDA

ACCT

02/22/2012

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