
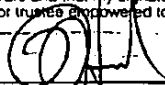


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 06, 2007 8:00 am**  
**Secretary of State**

02-12-2007 90309 041 \*\*\*\*50.00

<b>DOCUMENT # L06000101391</b> 1. Entity Name PRI DIALYSIS, L.L.C.					
Principal Place of Business 777 37TH STREET, SUIT C107 VERO BEACH, FL 32960			Mailing Address 777 37TH STREET, SUIT C107 VERO BEACH, FL 32960		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
5. Name and Address of Current Registered Agent  DEC CONSULTANTS, INC. 1515 INDIAN RIVER BOULEVARD SUITE A210 VERO BEACH, FL 32960-7103			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____		
4. FEI Number <b>20-5731977</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>					
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reissuing) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HANDLER, RICHARD H 777 37TH STREET, SUITE C107 VERO BEACH, FL 32960	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HANDLER, PATRICIA 3643 2ND PLACE, SW VERO BEACH, FL 32968	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HANDLER, PATRICIA 3643 2ND PLACE, SW VERO BEACH, FL 32968	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HANDLER, PATRICIA 3643 2ND PLACE, SW VERO BEACH, FL 32968	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HANDLER, PATRICIA 3643 2ND PLACE, SW VERO BEACH, FL 32968	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HANDLER, PATRICIA 3643 2ND PLACE, SW VERO BEACH, FL 32968	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM HANDLER, PATRICIA 3643 2ND PLACE, SW VERO BEACH, FL 32968	<input type="checkbox"/> Delete			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.					
<b>SIGNATURE:</b> 		Date <b>2/8/07</b>		Daytime Phone # <b>(772) 562-3234</b>	