2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2011
Secretary of State

DOCUMENT# L07000017505

Entity Name: SOUTH FLORIDA DIALYSIS, LLC

Current Principal Place of Business:

1150 NORTH 35TH AVE. SUITE 465
HOLLYWOOD, FL 33021

New Principal Place of Business:

Current Mailing Address:

1150 NORTH 35TH AVE. SUITE 465
HOLLYWOOD, FL 33021

New Mailing Address:

FEI Number: 26-3796691 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WEINER, NEIL JASON
1150 NORTH 35TH AVE. SUITE 465
HOLLYWOOD, FL 33021 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: MGRM
Name: SOUTHERN MEDICAL VENTURES, LLC
Address: 1150 NORTH 35TH AVE. SUITE 465
City-St-Zip: HOLLYWOOD, FL 33021

Title: MGRM
Name: NEW AGE DIALYSIS GROUP, LLC
Address: 9050 PINES BLVD., SUITE 380
City-St-Zip: PEMBROKE PINES, FL 33024

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 Statues.

SIGNATURE: NEIL J. WIENER, MGRM MGRM 02/21/2011

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