

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000017505

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**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 Statutes.

**SIGNATURE:** SOUTHERN MEDICAL VENTURES, LLC

MGRM

02/08/2012

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