

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000019950

**FILED**  
**Jan 13, 2010**  
**Secretary of State**

**Entity Name:** DIALYSIS ACCESS SPECIALISTS, LLC

**Current Principal Place of Business:**

1620 PENNSYLVANIA AVENUE  
APARTMENT 207  
MIAMI BEACH, FL 33139 US

**New Principal Place of Business:**

**Current Mailing Address:**

5227 NORTH 24TH STREET  
APARTMENT 108  
PHOENIX, AZ 85016 US

**New Mailing Address:**

**FEI Number:** 20-8485590

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BUSINESS FILINGS INCORPORATED  
1203 GOVERNOR'S SQUARE BLVD  
SUITE 101  
TALLAHASSEE, FL 323012960 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: P  
Name: TAWAKOL, MD, JAN B MD  
Address: 1620 PENNSYLVANIA AVENUE APARTMENT 207  
City-St-Zip: MIAMI BEACH, FL 33139

Title: VP  
Name: KHAN, MD, TASNIM MD  
Address: 1620 PENNSYLVANIA AVENUE APARTMENT 207  
City-St-Zip: MIAMI BEACH, FL 33139

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: JAN B TAWAKOL

MGRM

01/13/2010

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