

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000019950

**FILED**  
**Apr 05, 2012**  
**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:**

P.O.BOX 8677  
CHRISTIANSTED, XX 00823 VI

**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  
515 E. PARK AVENUE  
TALLAHASSEE, FL 32301 US

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

CARLOS, CASTRO  
1602 ALTON ROAD  
SUITE 502  
MIAMI BEACH, FL 33139 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:** CARLOS CASTRO

04/05/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** TAWAKOL, MD, JAN B MD  
**Address:** LANGE REIHE 161  
**City-St-Zip:** DORTMUND, XX 44143 DE

**Title:** MGRM  
**Name:** KHAN, MD, TASNIM MD  
**Address:** P.O.BOX 8677  
**City-St-Zip:** CHRISTIANSTED, XX 00823 VI

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 TAWAKOL

MGRM

04/05/2012

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