

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000054585

FILED
Aug 20, 2008
Secretary of State

Entity Name: KIDNEY SPA, LLC

Current Principal Place of Business:

325 SOUTH BISCAYNE BLVD.
1223
MIAMI, FL 33131

New Principal Place of Business:

219 NW 12TH AVE
C4
MIAMI, FL 33128

Current Mailing Address:

325 SOUTH BISCAYNE BLVD.
1223
MIAMI, FL 33131

New Mailing Address:

219 NW 12TH AVE
C4
MIAMI, FL 33128

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CUELLAR, JUAN M
325 SOUTH BISCAYNE BLVD.
1223
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

CONSULTING SERVICES OF SOUTH FLORIDA, INC.
2121 PONCE DE LEON BLVD
1050
CORAL GABLES, FL 33134 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: ANTONIO GARCIA

08/20/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: CUELLAR, JUAN M
Address: 325 SOUTH BISCAYNE BLVD. STE 1223
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JUAN MAURICIO CUELLAR

MEM

08/20/2008

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