

2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000087060

FILED
Feb 19, 2009
Secretary of State

Entity Name: FLORIDA KIDNEY SPECIALISTS, LLC.

Current Principal Place of Business:

421 NORTH CAUSEWAY
NEW SMYRNA BEACH, FL 32169

New Principal Place of Business:

4641 CLYDE MORRIS BLVD
UNIT 201
PORT ORANGE, FL 32129

Current Mailing Address:

421 NORTH CAUSEWAY
NEW SMYRNA BEACH, FL 32169

New Mailing Address:

4641 CLYDE MORRIS BLVD
UNIT 201
PORT ORANGE, FL 32129

FEI Number: 26-0901849 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
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:

SNELL LEGAL
700 W GRANADA BLVD STE 107
ORMOND BEACH, FL 32174 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: GREG SNELL

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LATIF, SAJID
Address: 421 NORTH CAUSEWAY
City-St-Zip: NEW SMYRNA BEACH, FL 32169

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LATIF, SAJID
Address: 4641 CLYDE MORRIS BLVD, UNIT 201
City-St-Zip: PORT ORANGE, FL 32129

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: SAJID LATIF

MGRM

02/19/2009

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