

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