


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
1 Mar 06, 2008 8:00 am
Secretary of State

01-23-2008 90021 049 ***138.75

DOCUMENT # L07000089243			
1. Entity Name KIDNEY INTERVENTION & SOLUTIONS, LLC			
Principal Place of Business 878 109TH AVE NORTH NAPLES, FL 34110		Mailing Address 878 109TH AVE NORTH NAPLES, FL 34110	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HL STATUTORY AGENT, INC. 800 LAUREL OAK DRIVE #600 M&I BUILDING NAPLES, FL 34108		Name Mark S Russo MD Street Address (P.O. Box Number is Not Acceptable) 878 109th Ave No City Naples FL Zip Code 34108	
8. 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. I am familiar with, and accept the obligations of a registered agent. SIGNATURE <u><i>Mark S Russo</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR RUSSO, MARK S 878 109TH AVE NORTH NAPLES, FL 34110 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: <u><i>Mark S Russo</i></u> Date <u><i>1/16/2008</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			



01162008 Chg-LLC CR2E083 (12/06)

4. FEI Number **26-0838917** Applied For Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required