

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000089243

FILED  
Jan 22, 2009  
Secretary of State

Entity Name: KIDNEY INTERVENTION & SOLUTIONS, LLC

**Current Principal Place of Business:**

878 109TH AVE NORTH  
NAPLES, FL 34110

**New Principal Place of Business:**

878 109TH AVE NORTH  
2  
NAPLES, FL 34108

**Current Mailing Address:**

878 109TH AVE NORTH  
NAPLES, FL 34110

**New Mailing Address:**

878 109TH AVE NORTH  
2  
NAPLES, FL 34108

FEI Number: 26-0838917

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RUESO, MARK S MD  
878 109TH AVE NO  
NAPLES, FL 34108 US

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

RUSSO, MARK S MD  
878 109TH AVE NO  
2  
NAPLES, FL 34108 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: MARK S. RUSSO, M.D., PH.D.

01/22/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: RUSSO, MARK S  
Address: 878 109TH AVE NORTH  
City-St-Zip: NAPLES, FL 34110

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: RUSSO, MARK S  
Address: 878 109TH AVE NORTH  
City-St-Zip: NAPLES, FL 34108

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: MARK S. RUSSO, M.D., PH.D.

MGR

01/22/2009

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