

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000089243

**FILED  
Feb 02, 2011  
Secretary of State**

**Entity Name:** KIDNEY INTERVENTION & SOLUTIONS, LLC

**Current Principal Place of Business:**

878 109TH AVE NORTH  
2  
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

878 109TH AVE NORTH  
2  
NAPLES, FL 34108

**New Mailing Address:**

**FEI Number:** 26-0838917      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

RUSSO, MARK S MD  
878 109TH AVE NO  
2  
NAPLES, FL 34108 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

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

I hereby 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, MD, PHD      MGR      02/02/2011

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