2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000013752

Entity Name: MIAMI PREVENTION & KIDNEY CENTER LLC

FILED Jul 22, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

% MITCHELL S. POLANSKY, ESQ 999 BRICKELL AVENUE 2665 S BAYSHORE DR - STE 703 SUITE 600

MIAMI, FL 33133 MIAMI, FL 33131

Current Mailing Address: New Mailing Address:

% MITCHELL S. POLANSKY, ESQ 999 BRICKELL AVENUE

2665 S BAYSHORE DR - STE 703 SUITE 600 MIAMI, FL 33133 MIAMI, FL 33131

FFI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()

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: Name and Address of New Registered Agent:

POLANSKY, MITCHELL S ESQ POLANSKY, MITCHELL S ESQ 999 BRICKÉLL AVENUE 2665 S BAYSHORE DR STE 703 SUITE 600 MIAMI, FL 33131 US MIAMI, FL 33133 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

ADDITIONS/CHANGES:

in the State of Florida.

SIGNATURE: MITCHELL S. POLANSKY 07/22/2009

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

MGR Title: () Delete (X) Change () Addition

VERBAL, BETTY Name: VERBAL, BETTY Name: Address:

2665 S BAYSHORE DR - STE 703 Address: 999 BRICKELL AVENUE, SUITE 600 City-St-Zip: MIAMI, FL 33133 City-St-Zip: MIAMI, FL 33131

Title: MGR Title: (X) Change () Addition () Delete Name: SANCHEZ-FORTIS, ALFREDO MD Name: SANCHEZ-FORTIS, ALFREDO MD Address: 2665 S BAYSHORE DR - STE 703 Address: 999 BRICKELL AVENUE, SUITE 600

City-St-Zip: MIAMI, FL 33133 City-St-Zip: MIAMI, FL 33131

Title: MGR () Delete Title: MGR (X) Change () Addition

GREEN, CAREY MD Name: GREEN, CAREY MD Name:

2665 S BAYSHORE DR - STE 703 999 BRICKELL AVENUE, SUITE 600 Address: Address:

City-St-Zip: MIAMI, FL 33133 City-St-Zip: MIAMI, FL 33131

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: BETTY VERBAL 07/22/2009