

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000069615

FILED  
Jan 21, 2009  
Secretary of State

Entity Name: PALM BEACH DIALYSIS REALTY, LLC

**Current Principal Place of Business:**

11300 OKEECHOBEE BLVD.  
ROYAL PALM BEACH, FL 33411 US

**New Principal Place of Business:**

11300 OKEECHOBEE BLVD.  
5  
ROYAL PALM BEACH, FL 33411 US

**Current Mailing Address:**

5887 LAKE WORTH ROAD  
GREENACRES, FL 33463

**New Mailing Address:**

FEI Number: 26-3151811

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MACMAHON, DERMOT P ESQ.  
1860 FOREST HILL BLVD  
STE. 105  
WEST PALM BEACH, FL 33406 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 ( ) Delete  
Name: ABRAHAM, MOHAN  
Address: 5887 LAKE WORTH ROAD  
City-St-Zip: GREENACRES, FL 33463

Title: MGR ( ) Delete  
Name: PANDIT, SUNILA  
Address: 5887 LAKE WORTH ROAD  
City-St-Zip: GREENACRES, FL 33463

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ABRAHAM, MOHAN ISAAC  
Address: 5887 LAKE WORTH ROAD  
City-St-Zip: GREENACRES, FL 33463

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: MOHAN ISAAC ABRAHAM

MR

01/21/2009

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