

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000110824

Entity Name: NEW AGE DIALYSIS GROUP, LLC

FILED
Apr 29, 2009
Secretary of State

Current Principal Place of Business:

9050 PINES BLVD., STE. 380
PEMBROKE PINES, FL 33024

New Principal Place of Business:

Current Mailing Address:

9050 PINES BLVD., STE. 380
PEMBROKE PINES, FL 33024

New Mailing Address:

FEI Number: 12-8743274

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELUREN, MARK S
C/O GENOVESE JOBLOVE & BATTISTA, P.A.
200 EAST BROWARD BLVD., SUITE 1110
FT. LAUDERDALE, FL 33301 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: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR () Change (X) Addition
Name: HASHMMI, SYED J
Address: 9050 PINES BLV
City-St-Zip: PEMBROKE PINES, FL 33024

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: SYED HASHMI

MGR

04/29/2009

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