

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000035734

**FILED**  
**Jan 09, 2010**  
**Secretary of State**

**Entity Name:** ADVANCED DIALYSIS CENTER OF FORT LAUDERDALE, LLC

**Current Principal Place of Business:**

911 E. OAKLNAD PARK BLVD.  
FT. LAUDERDALE, FL 33334

**New Principal Place of Business:**

**Current Mailing Address:**

911 E. OAKLNAD PARK BLVD.  
FT. LAUDERDALE, FL 33334

**New Mailing Address:**

911 E. OAKLNAD PARK BLVD.  
FT. LAUDERDALE, FL 33334 US

**FEI Number:** 26-3281952

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WILLIAM R. BLACK & ASSOCIATES, PL  
1700 NE 26TH STREET SUITE 4  
WILTON MANORS, FL 333051430 US

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

AMA INVESTMENTS OF FLORIDA LLC  
30 COMPASS IS  
FORT LAUDERDALE, FL 33308 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: ACHALA GUPTA

01/09/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GUPTA, BHARAT K  
Address: 911 E. OAKLNAD PARK BLVD.  
City-St-Zip: FT. LAUDERDALE, FL 33334

Title: MGR  
Name: AMA INVESTMENTS OF FLORIDA LLC  
Address: 30 COMPASS IS  
City-St-Zip: FORT LAUDERDALE, FL 33308 US

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: BHARAT K. GUPTA

DPST

01/09/2010

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