

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000050166

**FILED**  
**Jun 12, 2012**  
**Secretary of State**

**Entity Name:** DIALYSIS CENTER OF NORTH BREVARD, LLC

**Current Principal Place of Business:**

830 CENTURY MEDICAL DRIVE  
SUITE C  
TITUSVILLE, FL 32796

**New Principal Place of Business:**

**Current Mailing Address:**

830 CENTURY MEDICAL DRIVE  
SUITE C  
TITUSVILLE, FL 32796

**New Mailing Address:**

**FEI Number:** 27-0337673

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BITTMAN, MICHAEL J  
301 EAST PINE STREET, SUITE 1400  
ORLANDO, FL 32801 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:** MGRM  
**Name:** NORTH BREVARD MEDICAL SUPPORT  
**Address:** 213 BROAD ST  
**City-St-Zip:** TITUSVILLE, FL 32796

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: CHRISTOPHER MCALPINE

MGRM

06/12/2012

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