

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000064395

FILED  
Apr 24, 2012  
Secretary of State

**Entity Name:** DIAKARE DIALYSIS ON WHEELS LLC.

**Current Principal Place of Business:**

4045 AVOCADO BLVD.  
ROYAL PALM BEACH, FL 33411

**New Principal Place of Business:**

**Current Mailing Address:**

4045 AVOCADO BLVD.  
ROYAL PALM BEACH, FL 33411

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

ALLEN, CECILIA U  
4045 AVOCADO BLVD.  
ROYAL PALM BEACH, FL 33411 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: ALLEN, CECILIA  
Address: 4045 AVOCADO BLVD.  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: MGRM  
Name: EDWARDS, CHRISTINE  
Address: 1390 RED APPLE LANE  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: MGRM  
Name: ALLEN, THOMAS A  
Address: 741 PONCE DE LEON CT. #6  
City-St-Zip: ATLANTA, GA 30308

Title: MGRM  
Name: ALLEN, CYNTHIA  
Address: 4045 AVOCADO BLVD  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: MGRM  
Name: ALLEN, CATHLEEN  
Address: 9505 LILY BANK COURT  
City-St-Zip: RIVIERA BEACH, FL 33407

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: CECILIA U. ALLEN

MGRM

04/24/2012

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