2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2012
Secretary of State

DOCUMENT# L10000067639

Entity Name: SARASOTA PHYSICIAN'S DIALYSIS CENTER NORTH HOLDCO, LLC

Current Principal Place of Business:

1921 WALDEMERE STREET, SUITE 107
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

1921 WALDEMERE STREET, SUITE 107
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 27-2949103 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CANDACE A. MAGIERA
1921 WALDEMERE STREET
SUITE 107
SARASOTA, FL 34239 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: FINEMAN, STEVEN W M.D.
Address: 1921 WALDEMERE STREET, SUITE 107
City-St-Zip: SARASOTA, FL 34239

Title: MGRM
Name: SASTRY, ASHOK M.D.
Address: 1921 WALDEMERE STREET, SUITE 107
City-St-Zip: SARASOTA, FL 34239

Title: MGRM
Name: GHOSE, RANJAN P M.D.
Address: 1921 WALDEMERE STREET, SUITE 107
City-St-Zip: SARASOTA, FL 34239

Title: MGRM
Name: WEBER, HERMAN M.D.
Address: 1921 WALDEMERE STREET, SUITE 107
City-St-Zip: SARASOTA, FL 34239

Title: MGRM
Name: COVER, DOMENICK E M.D.
Address: 1921 WALDEMERE STREET, SUITE 107
City-St-Zip: SARASOTA, FL 34239

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 Statues.

SIGNATURE: STEVEN FINEMAN MGRM 01/16/2012

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