2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2011
Secretary of State

DOCUMENT# L10000067816

Entity Name: SARASOTA PHYSICIANS' DIALYSIS CENTER HOLDCO, LLC

Current Principal Place of Business:

1921 WALDEMERE STREET, STE. 107
SARASOTA, FL 34239

New Principal Place of Business:

Current Mailing Address:

1921 WALDEMERE STREET, STE. 107
SARASOTA, FL 34239

New Mailing Address:

FEI Number: 27-2949019 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

MAGIERA, CANDACE A
1921 WALDEMERE STREET
SUITE 107
SARASOTA, FL 34239 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: CANDACE A. MAGIERA 04/13/2011
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: FINEMAN, STEVEN W M.D.
Address: 1921 WALDEMERE STREET, STE. 107
City-St-Zip: SARASOTA, FL 34239

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

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

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

Title: MGRM
Name: WEBER, HERMAN MD
Address: 1921 WALDEMERE STREET, STE. 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 W FINEMAN, MD MGRM 04/13/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date