

# **2012 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000091553

**FILED**  
**Oct 03, 2012**  
**Secretary of State**

**Entity Name:** CROWN DIALYSIS CENTER OF PALM BEACH, LLC

**Current Principal Place of Business:**

4701 NORTH FEDERAL HWY  
BOCA RATON, FL 33431 US

**New Principal Place of Business:**

**Current Mailing Address:**

30 COMPASS ISLE  
FORT LAUDERDALE, FL 33308 US

**New Mailing Address:**

**FEI Number:** 45-2939730

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

AMA INVESTMENTS OF FLORIDA, LLC  
30 COMPASS ISLE  
FORT LAUDERDALE, FL 33308 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: BHARAT K GUPTA

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM

**Name:** AMBA LIMITED PARTNERSHIP

**Address:** 30 COMPASS ISLE

**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

MGR

10/03/2012

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