

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L95000000499

FILED
Apr 18, 2007
Secretary of State

Entity Name: NEW SMYRNA BEACH ARTIFICIAL KIDNEY, L.C.

Current Principal Place of Business:

821 STATE ROAD 44
NEW SMYRNA BEACH, FL 32168 US

New Principal Place of Business:

Current Mailing Address:

7061 CYPRESS ROAD
SUITE 104
PLANTATION, FL 33317 US

New Mailing Address:

FEI Number: 59-3320734 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

BURRIER, VICKI
7061 CYPRESS ROAD
SUITE 104
PLANTATION, FL 33317 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 () Delete
Name: MAI, CHRISTOPHER D
Address: 821 STATE ROAD 44
City-St-Zip: NEW SMYRNA BEACH, FL 32168

Title: MGRM () Delete
Name: ST AUGUSTINE DIALYSI, S FACILITY COR P
Address: 7061 CYPRESS ROAD, SUITE 104
City-St-Zip: PLANTATION, FL 33317

Title: MGR () Delete
Name: BURRIER, VICKI,
Address: 7061 CYPRESS ROAD, SUITE 104
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: VICKI BURRIER

MGR

04/18/2007

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