TOTAL P.02

FILED 8/12

(1)

2nd and FINAL NOTICE: File on or before Sept. 29, 1999 or Limited Liability Company will be dissolved.

99 AUG 12 PM 1:42

SECRETARY OF STATE
TALLAHASSEE FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE $ 688.75

Annual Report $100.00 + $88.75 Corporation Supplemental Fee + $400.00 Late Fee

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # L98000002215

MOBILE DIALYSIS OF CENTRAL FLORIDA, L.L.C.
3885 OAKWATER CIRCLE
ORLANDO FL 32806

1a. Principal Place of Business Address

3885 OAKWATER CIRCLE
ORLANDO FL 32806

2. Principal Place of Business

Suite, Apt. #, etc

City & State

Zip | Country

2a. Mailing Address

Suite, Apt. #, etc

City & State

Zip | Country

3. Date Organized or Qualified: 10/12/1998

3a. State of Formation: FL

4. FEI Number: ☑ Applied For ☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired ☐

7. Name and Address of Current Registered Agent

PRINCE, TIMOTHY L M.D.
3885 OAKWATER CIRCLE
ORLANDO FL 32806

8. Name and Address of New Registered Agent/Office

Name: MARY DOUGLAS

Street Address (P.O. Box Number is Not Acceptable): 411 STILL FOREST TERRACE

Suite, Apt. #, etc: S

City: SANFORD FL Zip Code: 32771

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE: Mary F. Douglas DATE: 7/14/99

(Registered Agent's Acceptance & Authority) (NOTE: Registered Agent's signature required when no agent is named)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	PRINCE, TIMOTHY L M.D.	3885 OAKWATER CIRCLE	ORLANDO FL
MGR	DOUGLAS, MARY F R.N.	411 STILL FOREST TERRACE	SANFORD FL

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****188.75 ****188.75

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: Mary F Douglas 7/14/99 407-324-4023

SIGNATURE AND TYPED OR PRINTED NAME OF FILING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

Mobile Dialysis of Central Florida, LLC

411 Still Forest Terrace
Sanford, Fl 32771

FILED
99 AUG 12 PM 1:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

July 14, 1999

Florida Department of State
PO Box 1500
Tallahassee, Fl 32302-1500

Dear Sir or Madam:

The Corporation listed above is a newly formed Florida Corporation. There was an error made in the location of the Registered Agent and by the time I received this document, a late fee was already attached. I have enclosed the original fee and wish to have the penalty fee removed. If this is not possible, please contact me and I will forward the late fee of $400.00 to the Department of State.

Thank you for help in this matter.

Sincerely,

Mary Douglas
LLC Registered Agent