

M04000000257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

BK

Office Use Only



100058724101

FILED

05 AUG 22 PM 4:33

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

05 AUG 22 AM 11:16

DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY\*

ACCOUNT NO. : 072100000032  
REFERENCE : 533424 7477389  
AUTHORIZATION : *Patricia T. [Signature]*  
COST LIMIT : \$ 25.00

**FILED**  
05 AUG 22 PM 4:33  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : August 10, 2005  
ORDER TIME : 10:13 AM  
ORDER NO. : 533424-825  
CUSTOMER NO: 7477389  
CUSTOMER: Lesley Mobbs  
Davita Inc.  
601 Hawaii Street  
El Segundo, CA 90245

CHANGE OF AGENT

NAME: WESTON DIALYSIS CENTER, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY

CONTACT PERSON: Sara Lea

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY**

*Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.*

1. The name of the limited liability company is: WESTON DIALYSIS CENTER, LLC

2. The mailing address of the limited liability company is : \_\_\_\_\_

601 Hawaii Street, El Segundo, CA 90245

01/20/2004

M04000000257

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T Corporation System

Name

1200 South Pine Island Road

Address

Plantation, FL 33324

City, State and Zip

6. The name and address of the new registered agent and/or office:

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32301

City, State and Zip

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Maureen Cullen  
(Signature of a member or authorized representative of a member)

Maureen Cullen, Authorized Representative

(Printed or typed name of signee)

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Jacqueline M. Giles  
(Signature of Registered Agent) Jacqueline M. Giles, Asst. Vice President

**Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314**

FILED  
05 AUG 22 PM 4:33  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE