## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001467

Entity Name: DSI SOUTH TAMPA, LLC

Apr 21, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

511 UNION STREET, SUITE 1800 511 UNION STREET, SUITE 1555 NASHVILLE, TN 37219

NASHVILLE, TN 37219

**Current Mailing Address: New Mailing Address:** 

511 UNION STREET, SUITE 1800 511 UNION STREET, SUITE 1555

NASHVILLE, TN 37219 NASHVILLE, TN 37219

FEI Number: 27-0117597 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 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:

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: () Delete (X) Change ( ) Addition

DSI RENAL, INC. DSI RENAL, INC. Name: Name:

Address: 511 UNION STREET STE 1800 Address: 511 UNION STREET STE 1555 City-St-Zip: NASHVILLE, TN 37219 City-St-Zip: NASHVILLE, TN 37219

Title: MGR () Delete Title: () Change () Addition

Name: BALSERA, CRISTINA MD Name: Address: 510 VONDERBURG DRIVE, SUITE 208 Address: City-St-Zip: BRANDON, FL 33511 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JUDY LEFKOVITZ 04/21/2009