2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# M05000002283

Entity Name: HILLIARD DIALYSIS CENTER LLC

Current Principal Place of Business:

5 CHERRY HILL DR.
DANVERS, MA 01923

New Principal Place of Business:

66CHERRY HILL DR.
BEVERLY, MA 01915

Current Mailing Address:

5 CHERRY HILL DR.
DANVERS, MA 01923

New Mailing Address:

66 CHERRY HILL DR.
BEVERLY, MA 01915

FEI Number: 01-0833120 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: AMERICAN RENAL ASSOC, IATES INC.
Address: 5 CHERRY HILL DR.
City-St-Zip: DANVERS, MA 01923

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: FORD, CHRISTOPHER T
Address: 66 CHERRY HILL DR.
City-St-Zip: BEVERLY, MA 01915

Title: MGR ( ) Change (X) Addition
Name: KAMAL, SYED
Address: 66 CHERRY HILL DRIVE
City-St-Zip: BEVERLY, MA 01915

Title: MGR ( ) Change (X) Addition
Name: RATSOM, STEVEN J
Address: 66 CHERRY HILL DRIVE
City-St-Zip: BEVERLY, MA 01915

Title: MGR ( ) Change (X) Addition
Name: BAKER III, JAMES D M.D.
Address: 3569 HEDRICK STREET
City-St-Zip: JACKSONVILLE, FL 32205

Title: MGR ( ) Change (X) Addition
Name: GARRETT III, PATRICK H M.D.
Address: 66 CHERRY HILL DRIVE
City-St-Zip: BEVERLY, MA 01915

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: CHRISTOPHER T. FORD MGR 04/27/2006

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