## 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# M05000002283

Entity Name: HILLIARD DIALYSIS CENTER LLC

FILED Apr 12, 2010 Secretary of State

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

FRANKLIN PARK II FRANKLIN PARK II SUITE #118 FRANKLIN PARK II 551858 US HIGHW.

551858 US HIGHWAY 1, SUITE #118

HILLIARD, FL 32046 US

Current Mailing Address: New Mailing Address:

66 CHERRY HILL DRIVE BEVERLY, MA 01915 US

HILLIARD, FL 32046

FEI Number: 01-0833120 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:

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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:

Title: MGR

Name: KAMAL, SYED T

Address: 18302 HIGHWOODS PRESERVE PARKWAY, STE 112

City-St-Zip: TAMPA, FL 33647 US

Title: MGR

Name: ROTTURA, SUE
Address: 66 CHERRY HILL DRIVE

City-St-Zip: BEVERLY, MA 01915 US

Title: MGR

Name: CARLUCCI, JOSEPH A Address: 66 CHERRY HILL DRIVE City-St-Zip: BEVERLY, MA 01915 US

Title: MGR

 Name:
 BAKER, III, M.D., JAMES D

 Address:
 1801 BARRS STREET, STE 415

 City-St-Zip:
 JACKSONVILLE, FL 32204 US

Title: MGR

Name: GARRETT, III, M.D., PATRICK H Address: 1801 BARRS STREET, STE 415 City-St-Zip: JACKSONVILLE, FL 32204 US

I hereby 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 Statues.

SIGNATURE: JOSEPH A. CARLUCCI MGR. 04/12/2010