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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

CSC.

CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 533424 7477389

AUTHORIZATION :

Patricia Pignatelli

COST LIMIT : \$ 25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : August 10, 2005

ORDER TIME : 10:03 AM

ORDER NO. : 533424-775

CUSTOMER NO: 7477389

CUSTOMER: Lesley Mobbs
Davita Inc.
601 Hawaii Street

El Segundo, CA 90245

CHANGE OF AGENT

NAME: NEPHROLOGY MEDICAL ASSOCIATES
OF GEORGIA, 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: NEPHROLOGY MEDICAL ASSOCIATES OF GEORGIA, LLC.

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

1218 D'Antignao Street, Augusta, GA 30901

May 6, 2005

M05000002422

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 Person

(Printed or typed name of signer)

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

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