

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006031

FILED
Apr 01, 2009
Secretary of State

Entity Name: ARA-NAPLES DIALYSIS CENTER LLC

Current Principal Place of Business:

4529 EXECUTIVE DRIVE
NAPLES, FL 34119 US

New Principal Place of Business:

Current Mailing Address:

66 CHERRY HILL DRIVE
BEVERLY, MA 01915 US

New Mailing Address:

FEI Number: 13-4310692

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: MGR () Delete
Name: KAMAL, SYED T
Address: 18302 HIGHWOODS PRESERVE PARKWAY, STE 112
City-St-Zip: TAMPA, FL 33647 US

Title: MGR () Delete
Name: RASTOM, STEVEN J
Address: 18302 HIGHWOODS PRESERVE PARKWAY, STE 112
City-St-Zip: TAMPA, FL 33647 US

Title: MGR () Delete
Name: GADALLAH, M.D., MERIT F
Address: 4860 SAN PABLO CT.
City-St-Zip: NAPLES, FL 34109 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: GADALLAH, M.D., MERIT F
Address: 1213 PIPER BLVD. SUITE 101
City-St-Zip: NAPLES, FL 34110 US

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: SYED KAMAL

MGR.

04/01/2009

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