

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000006031

FILED  
Jan 31, 2012  
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  
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: GADALLAH, M.D., MERIT F  
Address: 1213 PIPER BLVD. SUITE 101  
City-St-Zip: NAPLES, FL 34110 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 Statutes.

SIGNATURE: SYED KAMAL

MGR

01/31/2012

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