

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000005718

**FILED**  
**Jan 16, 2009**  
**Secretary of State**

**Entity Name:** INDIAN RIVER DIALYSIS CENTER, LLC

**Current Principal Place of Business:**

601 HAWAII STREET  
EL SEGUNDO, CA 90245

**New Principal Place of Business:**

**Current Mailing Address:**

601 HAWAII STREET  
EL SEGUNDO, CA 90245

**New Mailing Address:**

**FEI Number:** 20-5739181      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: RENAL TREATMENT CENT, ERS - SOUTHEAS T , LP  
Address: 601 HAWAII STREET  
City-St-Zip: EL SEGUNDO, CA 90245

**ADDITIONS/CHANGES:**

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

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: RENAL TREATMENT CENTERS-SOUTHEAST, LP      MGR      01/16/2009

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