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SECRETARY OF STATE DIVISION OF CORPORATION

B. Tacock JAN 30 2008

COVER LETTER

TO:

Registration Section

ORT Panal IIC		
SUBJECT: OBT Renal, LLC (Name of Foreign L.)	imited Liabilit	v Company)
(•	
Dear Sir or Madam:		
The enclosed withdrawal and fee(s) are submitted for fi	iling.	
Please return all correspondence concerning this matter	to the followi	ng:
Carrie Binkley		
(Name of Person)		
DSI Holding Company, Inc.		_
(Firm/Company)		
511 IV 1 GV 4 G 1/4 1000		
511 Union Street, Suite 1800 (Address)		<u> </u>
, (Address)		
Nashville, Tennessee 37219		_
(City/State and Zip Code)	gar de mort	Dicknown of States & Visited ed Copy
		and the second second
For further information concerning this matter, please of	SATE:	
Jay Yalowitz		777-8201
Jay Yalowitz (Name of Person)		
	at (<u>615</u> (Area Code	
STREET/COURIER ADDRESS:	at (<u>615</u> (Area Code	ILING ADDRESS:
STREET/COURIER ADDRESS: Registration Section	at (<u>615</u> (Area Code MA Reg	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	at (<u>615</u> (Area Code MA Reg Divi	ILING ADDRESS: istration Section sion of Corporations Box 6327
STREET/COURIER ADDRESS: Registration Section Division of Corporations	at (<u>615</u> (Area Code MA Reg Divi	ILING ADDRESS: istration Section sion of Corporations
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	at (<u>615</u> (Area Code MA Reg Divi	ILING ADDRESS: istration Section sion of Corporations Box 6327
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$\times\$ \$25 Filing Fee \$\textsquare\$ \$30 Filing Fee & \$\textsquare\$ \$5	at (<u>615</u> (Area Code MA Reg Divi P.O. Tall	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Enclosed is a check for the following amount: \$\times\$ \$25 Filing Fee \$\times\$ \$30 Filing Fee & \$55 \times\$ \$55 \	at (<u>615</u> (Area Code MA Reg Divi P.O. Tall	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, Florida 32314
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR WITHDRAWAL OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

OBT Renal, LLC		
(Name of limited liability company)		
Nevada (Jurisdiction of its organization)		_
This limited liability company is no longer transacting business in Florida and surren authority to transact business in this state.	ders	its
This limited liability company revokes the authority of its registered agent to accept ser its behalf and appoints the Department of State as its agent for service of process base cause of action arising during the time it was authorized to transact business in Florida.	vice ed or	on 1 a
511 Union Street, Suite 1800 (Mailing address)		
Nashville, Tennessee 37219 (City/State/Zip)		
The limited liability company agrees to notify the Department of State in the future change in its mailing address.	of a	ny
(Signature of member or authorized representative of a member) Typed or printed name of signee)	08 JAN 28 AM 5: 06	SECRETARY OF STATE DIVISION OF CORPORATIONS

Filing Fee: \$25.00