

M07000003788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

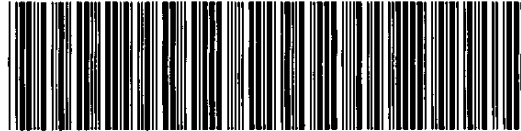
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TALLAHASSEE, FLORIDA

RECEIVED
07 JUN 21 AM 10:40
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 953000 7477389

AUTHORIZATION :

COST LIMIT :

Spud Coleman

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07 JUN 21 AM 9:17
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ORDER DATE : June 15, 2007

ORDER TIME : 10:12 AM

ORDER NO. : 953000-050

CUSTOMER NO: 7477389

FOREIGN FILINGS

NAME: YBOR CITY DIALYSYS CENTER,
LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- XX PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Roath -- EXT# 2955

EXAMINER: _____



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 21, 2007

AMANDA ROATH
CSC
TALLAHASSEE, FL

SUBJECT: YBOR CITY DIALYSIS, LLC
Ref. Number: W07000029459

We have received your document for YBOR CITY DIALYSIS, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

The R.A. must please sign the R.A. acceptance page.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Document Specialist

Letter Number: 907A00041122

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TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO
TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN
LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA

1. Ybor City Dialysis, LLC
(Name of Foreign Limited Liability Company)
2. Delaware
(Jurisdiction under the law of which foreign limited liability company is organized)
3. _____
(FEI number, if applicable)
4. _____
(Date of Organization)
5. Perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")
6. Upon filing
(Date first transacted business in Florida, if prior to registration)
(See sections 608.501 & 608.502 F S to determine penalty liability)
7. 601 Hawaii Street
El Segundo, CA 90245
(Street Address of Principal Office)

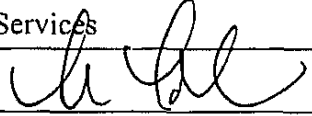
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

8. If limited liability company is a manager-managed company, check here

- 9 The name and usual business addresses of the managing members or managers are as follows:
- Total Renal Care, Inc.
601 Hawaii Street
El Segundo, CA 90245

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: Kidney Dialysis Services


Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F S , the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)
Corinna B. Polk, Asst. Secretary of Total Renal Care, Inc
Typed or printed name of signee
(Managing Member of Ybor City Dialysis, LLC)

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Ybor City Dialysis, LLC

2. The name and the Florida street address of the registered agent and office are:

Corporation Service Company

(Name)

1201 Hays Street

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Tallahassee

FL 32301

City/State/Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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, Florida Statutes.

Corporation Service Company

By: Doreen Wallace

(Signature)

Doreen Wallace
Assistant Vice President

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "YBOR CITY DIALYSIS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF JUNE, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "YBOR CITY DIALYSIS, LLC" WAS FORMED ON THE FIFTEENTH DAY OF JUNE, A.D. 2007.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

4372415 8300

070719680



Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5767443

DATE: 06-18-07