# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 31, 2012**
**Secretary of State**

DOCUMENT# M07000005129

**Entity Name:** PALMETTO DIALYSIS CENTER LLC

**Current Principal Place of Business:**

66 CHERRY HILL DRIVE
C/O AMERICAN RENAL ASSOCIATES, LLC
BEVERLY, MA 01915

**New Principal Place of Business:**

**Current Mailing Address:**

66 CHERRY HILL DRIVE
C/O AMERICAN RENAL ASSOCIATES, LLC
BEVERLY, MA 01915

**New Mailing Address:**

**FEI Number: 26-0722021** **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: MGRM
Name: AMERICAN RENAL ASSOCIATES, LLC
Address: 66 CHERRY HILL DRIVE
City-St-Zip: BEVERLY, MA 01915

Title: MGRM
Name: PALOMINO, CELESTINO M.D.
Address: 4203 BAMBOO TRACE
City-St-Zip: BREADENTON, FL 34210

Title: MGR.
Name: CARLUCCI, JOSEPH A
Address: 66 CHERRY HILL DRIVE
City-St-Zip: BEVERLY, MA 01915 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 Statues.

SIGNATURE: JOSEPH CARLUCCI MGR 01/31/2012

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