2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2008
Secretary of State

DOCUMENT# M07000006953

Entity Name: WESTERN COMMUNITY DIALYSIS CENTER, LLC

Current Principal Place of Business:

11301 OKEECHOBEE BLVD
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

Current Mailing Address:

11301 OKEECHOBEE BLVD
ROYAL PALM BEACH, FL 33411

New Mailing Address:

66 CHERRY HILL DRIVE
BEVERLY, MA 01915 US

FEI Number: 26-1402857 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT 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 ( ) Delete
Name: KAMAL, SYED
Address: 66 CHERRY HILL DRIVE
City-St-Zip: BEVERLY, MA 01915

Title: MGR ( ) Delete
Name: ABRAHAM, MOHAN I MD
Address: 5887 LAKE WORTH ROAD
City-St-Zip: GREENACRES, FL 33463

Title: MGR ( ) Delete
Name: PANDIT, SUMILA MD
Address: 5887 LAKE WORTH ROAD
City-St-Zip: GREENACRES, FL 33463

ADDITIONS/CHANGES:

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

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

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: SYED KAMAL MGR. 04/23/2008

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