

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000000291

FILED  
Apr 01, 2009  
Secretary of State

**Entity Name:** SOUTHWEST JACKSONVILLE DIALYSIS CENTER LLC

**Current Principal Place of Business:**

66 CHERRY HILL DRIVE  
BEVERLY, MA 01915

**New Principal Place of Business:**

**Current Mailing Address:**

66 CHERRY HILL DRIVE  
BEVERLY, MA 01915

**New Mailing Address:**

**FEI Number:** 26-1767398

**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: MGR ( ) Delete  
Name: AMERICAN RENAL ASSOC, IATES, INC  
Address: 66 CHERRY HILL DRIVE  
City-St-Zip: BEVERLY, MA 01915

Title: MGR ( ) Delete  
Name: BAKER, DUNCAN III MD  
Address: 1801 BARRS ST. SUITE 415  
City-St-Zip: JACKSONVILLE, FL

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: AMERICAN RENAL ASSOC, IATES, LLC  
Address: 66 CHERRY HILL DRIVE  
City-St-Zip: BEVERLY, MA 01915

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:** AMERICAN RENAL ASSOCIATES LLC

MGR.

04/01/2009

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