Division of Corporations Public Access System

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\*RE-SUBMIT\*

From:

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Phone : (850) 222-1092

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Account Name : C T CORPORATION SYSTEM PIECES TETAIN OFIGINAL SIND STEEL PIECES TETAIN OF SIND STEEL PIECES TETAIN

date of submission 2/25

FLORIDA/FOREIGN LIMITED LIABILITY

Northwest Jacksonville Dialysis Center, LLC

Certificate of Status	0
Certified Copy	0
Page Count	<b>94</b> (5)
Estimated Charge	\$125.00

Hélp

Electronic Filing Menu Corporate Filing Menu



February 26, 2008

FLOREDA DEPARTMENT OF STATE
Division of Corporations

CT CORPORATION SYSTEM

SUBJECT: NORTHWEST JACKSONVILLE DIALYSIS CENTER, LLC

REF: W08000009989

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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Leslie Sellers Regulatory Specialist II FAX Aud. #: 808000048469 Letter Number: 008A00011850

ME-SUBMIT\*
Places retain original filing
chala of submission 2/25

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

IN COMPLIANCE WITH SECTION 608.518, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

If name unavailable, muter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written obsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability tompany," "LLC," "	. Northwest Jacksonville Dialysis Center, LLC	
Delaware  Dolaware  Dolawa	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or	***************************************
(Unrestinent mater to law of which foreign limited liability company is organized)  Petruary 19, 2008  (Duration: Year limited liability company will cease to exist or "parputural")  (Duration: Year limited liability company will cease to exist or "parputural")  (See sections 601-501 & 601-502 F.S. to determine penalty hability)  6.6. Cherry Hill Dr., Beverly, MA 01915  (Sheet Address of Principal Office)  (Sheet Address of Principal Office)  The name and usual business addresses of the managing members or managers are as follows:  American Renal Associates, Inc., 66 Cherry Hill Drive, Beverly, MA 01915  Duncan Baker, M.D., 1801 Barrs Street, Suite 415 Jacksonville, FL 32204-4723  O. Attached is an original conditionate of existence, no more than 90 days old, duly enthemicated by the official having custody of records in the particular of three conficues under one has the transfer must be submitted)  1. Nature of business or purposes to be conducted or promoted in Florida:  Signature of a member or an authorized representative of a member.  (In accordance with sentence of the design of this document constitute)  an affirmation under the penalties of perjusy but the design are constituted.  Signature of a member or an authorized representative of a member.  (In accordance with sentence of the design are constituted as a manager and the design are constituted.)  Typed or printed name of signer.	consent of the managers or managing members adopting the alternate name. The alternate name must include "I Company," "L.L.C.," "LLC.")	a copy of the written Imited Liability
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### 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 Compa	any is:	
Northwest Jacksonville Dialysis Center, LLC		
If name unavailable, the alternate name to be	e used in the state	of Florida is:
2. The name and the Florida street address of	of the registered ag	ent and office are:
ст	Corporation System	
	(Name)	
1200 5	South Pine Island Rose	1 ,
Florida Street Addi	rens (P.O. Box NOT)	ACCEPTABLE)
Plantation	FL	33324
	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 ugent 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.

C T Corporation System

6 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 "NORTHWEST JACKSONVILLE DIALYSIS CENTER, 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 TWENTY-FIFTH DAY OF FEBRUARY, A.D. 2008.

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

4506804 8300

080212044

You may verify this certificate online at corp. delawara.gov/authver.shtml

Warriet Smith Windson, Secretary of State

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AUTHENTICATION: 6402437

DATE: 02-25-08