

Florida Department of State

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Division of Corporations

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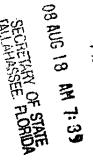
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Broward Kidney Dialysis Centers, LLC

electronic Filing Menu

Certificate of Status	1		
Certified Copy	3		
Page Count	04		
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M. THOMAS

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EXAMINER

Corporate Filing Menu

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

IN COMPLIANCE WITH SECTION 608.103, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Broward Kidney Dialysis Centers, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "L.L.C." (If name unavailable, onter alternate name adopted for the purpose of transacting business in Plorida and attach a copy of the purpose of transacting business in Plorida and attach a copy of the purpose of transacting business in Plorida and attach a copy of the purpose of transacting business in Plorida and attach a copy of the purpose of transacting business in Plorida and attach a copy of the purpose of transacting business in Plorida and attach a copy of the purpose of transacting business in Plorida and attach a copy of the purpose of transacting business in Plorida and attach a copy of the purpose of transacting business in Plorida and attach a copy of the purpose of transacting business. Company," "L.L.C.," "LLC.") Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) 8/15/08 Perpental ' (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual") 6. N/A (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability) 66 Charry Hill Drive Beverly, MA 01915 (Street Address of Principal Office) 8. If fimited 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: American Renal Associates 66 Cherry Hill Drive Beverly, MA 01915 South Florida Nephrology Group, P.C. 850 Riverside Drive Coral Springs, FL 33071 10. Attached is an original certificate of existence, no more than 90 days old, duly authoriticated by the official having curated of records in the jurisdiction under the low of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under each of the translator must be automated.) 11. Nature of business or purposes to be conducted or promoted in Florida: own and operate an outpatient renal dialysis clinic 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 populates of perjusy that the floris stated become are true.)

Typed or printed name of signee

Michael R. Costa, Esq.

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 L	iability Comp	pany is:		ALC: E
Broward Kidney Dialysis Centers, L	LC	,		332 32
If name unavailable, the altern	ate name to t	be used in the state of	of Florida is:	A Office
2. The name and the Florida s	treet address	of the registered ag	ent and office are:	
C T Corporation System				
		(Name)		
	1200	South Pine Island Road		
FL	orida Street Ad	dress (P.O. Box <u>NOT</u> A	CCEPTABLE)	
Pla	ntation	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 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.

CT Corporation System
Tammy Tofteroo

(Signature)

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

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The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "BROWARD KIDNEY DIALYSIS CENTERS, 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 FIFTEENTH DAY OF AUGUST, A.D. 2008.

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

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at corp.delaware.gov/authver.ahtml

Warriet Smile Hinden

Harrist Smith Windsor, Secretary of State

AUTHENTICATION: 6795308

DATE: 08-15-08