(Requestor's Name)						
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE: 066709 7678797

AUTHORIZATION:

COST LIMIT : \$ 1/2/5\.00

ORDER DATE: March 16, 2016

ORDER TIME : 10:38 AM

ORDER NO. : 066709-010

CUSTOMER NO: 7678797

FOREIGN FILINGS

NAME: CANYON DIALYSIS, LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

COVER LETTER

TO:		ition Section of Corporation	s				
SUBJECT: Canyon Dialysis, LLC Name of Limited Liability Company							
The encl Existenc	losed "Ap e, and ch	plication by Fore eck are submitted	eign Limited Liability Comp d to register the above refere	any for Authoriza nced foreign limi	ation to Transact Business in Florida," ted liability company to transact busin	certificate less in Flori	da.,
Please re	eturn all c	orrespondence c	oncerning this matter to the	following:			
Kimberly Burgo, Corporate Paralegal							
Name of Person							
DaVita HealthCare Partners Inc.							
	Firm/Company						
	601 Hawaii Street						
		Address					
	El Segundo, CA 90245						
4		City/State and Zip Code					
subgov@davita.com						_	
	_		E-mail address: (to be used	for future annua	I report notification)	2016	
For furth	ner inforn	nation concerning	g this matter, please call:		7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -	NA NA	
Kimberly Burgo				310 _ at (536-2444		m
		Name o	f Contact Person	Area Code	Daytime Telephone Number	₹ >	1 2 E
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314					STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	\$ 5 \$	
		ck for the follow 00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filit Certified Copy			

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

IN COMPLIANCE WITH SECTION 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Canyon Dialysis, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C," or "LLC.") Delaware (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) Perpetual (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 2000 16th Street Denver, CO 80202 (Street Address of Principal Office) 601 Hawaii Street, El Segundo, CA 90245 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Corporation Service Company Name: 1201 Hays Street Office Address: Tallahassee (City) Registered agent's acceptance: 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 application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agre to complywith the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered ugent.
Corporation Service Company By: (Registered agent's signature) Asst. Vice Presi 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Arturo Sida, Assistant Secretary, Total Renal Care, Inc. Mng. Mbr. of Canyon Dialysis, LLC 601 Hawaii Street, El Segundo, CA 90245 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the cemificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) of an authorized Signatury This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Arturo Sida

Typed or printed name of signee

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "CANYON DIALYSIS, 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 SEVENTEENTH DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "CANYON DIALYSIS, LLC" WAS FORMED ON THE SIXTEENTH DAY OF MARCH, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 201997900

Date: 03-17-16

5990702 8300 SR# 20161701937