

M9700000557

TRANSMITTAL LETTER

TO: Qualification/Tax Lien Section
Division of Corporations

400002281164--6
-08/29/97--01076--001
****285.00 ****285.00

SUBJECT: Renal Care Network of South Florida, L.L.C.

Dear Sir or Madam:

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 AUG 29 PM 3:02

Please return all correspondence concerning this matter to the following:

Jill Brogdon
COBE Laboratories, Inc.
Legal Department
1201 Oak Street
Lakewood, CO 80215

M97-557

Name	IC 8129
Availability	
Document Examiner	PC
Updater	PC
Updater Verifier	PC
Acknowledgement	PC
W. P. Verifier	PC

Should you need to call someone concerning this matter, please call:

Lynn Meyer, Esq. at (303) 205-2542

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

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF
FLORIDA:*

1. RENAL CARE NETWORK OF SOUTH FLORIDA, L.L.C.
(Name of foreign limited liability company must end with the words "limited company" or their abbreviation "L.C." if not so contained in the name at present.)
2. DELAWARE
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 52-192-3932
(FEI number, if applicable)
4. SEPTEMBER 6, 1996
(Date of Organization)
5. 2016
(Duration: Year limited liability company will cease to exist or "perpetual")
6. May 1, 1997
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))
7. 1920 N Street NW, Suite 220
Washington, DC 20036
(Street address of principal office)
8. List name, title, and business address of each managing member[MGRM] or manager[MGR] who will manage the foreign limited liability company in Florida: (attach additional page if necessary)

NAME & ADDRESS:	TITLE:	NAME & ADDRESS:	TITLE:
-----------------	--------	-----------------	--------

PLEASE SEE ATTACHED SCHEDULE A

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 AUG 29 PM 3:25

SCHEDULE A
To Application by Foreign Limited Liability Company for
Authorization to Transact Business in Florida

8. Management Committee

Craig Stemmer, MD
MGRM

2900 North Military Trail, Suite 195
Boca Raton, FL 33431

Martin Feinroth, MD
MGRM

1150 N. 35th Ave., Suite 240
Ft. Lauderdale, FL 33021

James Loewenherz, MD
MGRM

9000 S.W. 07 Court, Suite 215
Miami, FL 33176

Molly O'Neill
MGR

1920 N. Street NW, Suite 220
Washington, DC 20036

Lawrence J. Centella
MGR

1919 Charlotte Ave.
Nashville, TN 37203

Herbert S. Lawson
MGR

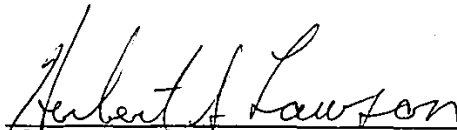
1185 Oak Street
Lakewood, CO 80215

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 AUG 29 PM 3:25

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS OF FOREIGN
LIMITED LIABILITY COMPANY**

The undersigned member or authorized representative of a member of RENAL CARE NETWORK
OF SOUTH FLORIDA, L.L.C. deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 29,000
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ 29,000
This total includes amounts from 2 and 3 above.
- 5) the total amount of cash or property anticipated to be contributed by member(s) is \$ 29,000



Signature of a member or authorized representative of a member.
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Filing Fee: \$250.00 for Application and Affidavit

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 AUG 29 PM 3:25

**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 IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

RENAL CARE NETWORK OF SOUTH FLORIDA, L.L.C.

2. The name and address of the registered agent and office is:

CT Corporation System

(Name)

1200 South Pine Island Road

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Plantation, FL 33324

(City/State/Zip)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
97 AUG 29 PM 3:25

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.

Marcia J. Sunahara
(Signature)

August 27, 1997
(Date)

Filing Fee: \$ 35 for Designation of Registered Agent

State of Delaware
Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RENAL CARE NETWORK OF SOUTH FLORIDA, L.L.C." 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 FOURTH DAY OF JUNE, A.D. 1997.

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



A handwritten signature in cursive script, reading "Edward J. Freel", is written over a horizontal line.

Edward J. Freel, Secretary of State

2660354 8300

971182663

AUTHENTICATION:

8495945

DATE:

06-04-97