

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000094492

**Entity Name:** DIALYSIS GROUP CORP

**Current Principal Place of Business:**

1285 NORTHWEST 172ND TERRACE  
MIAMI GARDENS, FL 33169

**Current Mailing Address:**

1285 NORTHWEST 172ND TERRACE  
MIAMI GARDENS, FL 33169 US

**FEI Number:** 83-2633448

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MEDINA, ANLLILEIDY  
1285 NORTHWEST 172ND TERRACE  
MIAMI GARDENS, FL 33169 US

*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

**Officer/Director Detail :**

Title            PRESIDENT  
Name            MEDINA, ANLLILEYDI  
Address        1285 NORTHWEST 172ND TERRACE  
City-State-Zip: MIAMI GARDENS FL 33169

Title            VP  
Name            QUINTANA , RAYMARA  
Address        1285 NORTHWEST 172ND TERRACE  
City-State-Zip: MIAMI GARDENS FL 33169

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ANLLILEYDI MEDINA

**PRESIDENT**

**01/30/2024**

Electronic Signature of Signing Officer/Director Detail

Date