

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000094492

**Entity Name:** DIALYSIS GROUP CORP

**Current Principal Place of Business:**

3442 NW 4TH TER  
MIAMI, FL 33125-4049

**Current Mailing Address:**

3442 NW 4TH TER  
MIAMI, FL 33125-4049 US

**FEI Number:** 83-2633448

**Certificate of Status Desired:** No

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

MEDINA, ANLLILEIDY  
3442 NW 4TH TER  
MIAMI, FL 33125-4049 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	P	Title	VP
Name	MEDINA, ANLLILEIDY	Name	QUINTANA, RAYMARA
Address	3442 NW 4TH TER	Address	3442 NW 4TH TER
City-State-Zip:	MIAMI FL 33125-4049	City-State-Zip:	MIAMI FL 33125-4049

*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:** ANLLILEIDY MEDINA

**PRESIDENT**

**02/28/2023**

Electronic Signature of Signing Officer/Director Detail

Date