2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 22, 2023
Secretary of State
3795734608CC

DOCUMENT# L01000007338

Entity Name: ARA-SUN CITY DIALYSIS LLC

Current Principal Place of Business:

500 CUMMINGS CENTER
SUITE 6550
BEVERLY, MA 01915

Current Mailing Address:

952 CYPRESS VILLAGE BLVD
SUN CITY CENTER, FL 33573-6830 US

FEI Number: 06-1619146

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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

Authorized Person(s) Detail :

Title	MEMBER	Title	MEMBER
Name	AMERICAN RENAL ASSOCIATES LLC	Name	PALOMINO, CELESTINO M.D.
Address	500 CUMMINGS CENTER SUITE 6550	Address	500 CUMMINGS CENTER SUITE 6550
City-State-Zip:	BEVERLY MA 01915	City-State-Zip:	BEVERLY MA 01915
Title	MANAGER	Title	MANAGER
Name	KAMAL, SYED T.	Name	PALOMINO, CELESTINO M.D.
Address	500 CUMMINGS CENTER SUITE 6550	Address	500 CUMMINGS CENTER SUITE 6550
City-State-Zip:	BEVERLY MA 01915	City-State-Zip:	BEVERLY MA 01915
Title	MANAGER		
Name	MENDEZ, NICK		
Address	500 CUMMINGS CENTER SUITE 6550		
City-State-Zip:	BEVERLY MA 01915		

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NICK MENDEZ MANAGER 02/22/2023

Electronic Signature of Signing Authorized Person(s) Detail — Date