

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000034435

Entity Name: 510 NEPHRON, L.L.C.**Current Principal Place of Business:**504 NORTH MACARTHUR AVENUE
PANAMA CITY, FL 32401**Current Mailing Address:**504 NORTH MACARTHUR AVENUE
PANAMA CITY, FL 32401**FEI Number:** 80-0075485**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**WALKER, RICHARD FJR
504 NORTH MACARTHUR AVENUE
PANAMA CITY, FL 32401 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	MGRM
Name	WALKER, RICHARD FJR
Address	504 NORTH MACARTHUR AVENUE
City-State-Zip:	PANAMA CITY FL 32401

Title	MGRM
Name	DEAN, SCOTT E
Address	504 NORTH MACARTHUR AVENUE
City-State-Zip:	PANAMA CITY FL 32401

Title	MGRM
Name	SINICROPE, RONALD A
Address	504 NORTH MACARTHUR AVE
City-State-Zip:	PANAMA CITY FL 32401

Title	MGRM
Name	MINGA, TODD E
Address	504 NORTH MACARTHUR AVE
City-State-Zip:	PANAMA CITY FL 32401

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: RICHARD F. WALKER, JR., MD

MGRM

02/28/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date