

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000039006

Entity Name: COASTAL KIDNEY CENTERS, LLC

Current Principal Place of Business:

504 N MACARTHUR AVE.
PANAMA CITY, FL 32401-3636

Current Mailing Address:

504 N MACARTHUR AVE.
PANAMA CITY, FL 32401-3636

FEI Number: 20-0269784

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WALKER, RICHARD F JR.
504 N MACARTHUR AVE.
PANAMA CITY, FL 32401-3636 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 N MACARTHUR AVE.
City-State-Zip: PANAMA CITY FL 32401-3636

Title MGRM
Name DEAN, SCOTT E
Address 504 N MACARTHUR AVE.
City-State-Zip: PANAMA CITY FL 32401-3636

Title MGRM
Name SINICROPE, RONALD A
Address 504 N MACARTHUR AVE.
City-State-Zip: PANAMA CITY FL 32401-3636

Title MGRM
Name MINGA, TODD E
Address 504 N MACARTHUR AVE.
City-State-Zip: PANAMA CITY FL 32401-3636

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.

PRESIDENT

02/03/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date