

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000013381

Entity Name: KIDNEY INSTITUTE OF NAPLES, LLC

Current Principal Place of Business:

878 109TH AVE., N.
NAPLES, FL 34108

Current Mailing Address:

878 109TH AVE., N.
NAPLES, FL 34108

FEI Number: 20-2573569

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARK S RUSSO, MD, PHD
878 109TH AVENUE NORTH
NAPLES, FL 34108 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 MARK S RUSSO, MD, PHD
Address 878 109TH AVE., N.
City-State-Zip: NAPLES FL 34108

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: MARK S. RUSSO

MANAGING MEMBER

01/09/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date