

**2018 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, MD, PHD

MEMBER

03/13/2018

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date