

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000014836

Entity Name: MANATEE KIDNEY DISEASES CONSULTANTS, P.L.**Current Principal Place of Business:**3701 MANATEE AVE. W.
BRADENTON, FL 34205**Current Mailing Address:**3701 MANATEE AVE. W.
BRADENTON, FL 34205**FEI Number:** 20-8440394**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CELAYA, DANIEL
3701 MANATEE AVE. W.
BRADENTON, FL 34205 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	PALOMINO, CELESTINO MD
Address	3701 MANATEE AVE. W.
City-State-Zip:	BRADENTON FL 34205

Title	MGRM
Name	CELAYA, DANIEL MD
Address	3701 MANATEE AVE. W.
City-State-Zip:	BRADENTON FL 34205

Title	MGRM
Name	BALA , JENNIFER MD
Address	3701 MANATEE AVE. W.
City-State-Zip:	BRADENTON FL 34205

Title	MGRM
Name	TOKA, HAKAN MD
Address	3701 MANATEE AVE. W.
City-State-Zip:	BRADENTON FL 34205

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: CELESTINO PALOMINO

MGRM

03/31/2020

Electronic Signature of Signing Authorized Person(s) Detail_____
Date