## 2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000056051

Entity Name: AMERICARE RENAL CENTER, LLC

**Current Principal Place of Business:** 

2601 SW 37TH AVE STE 138

CORAL GABLES, FL 33133

**Current Mailing Address:** 

2601 SW 37TH AVE STE 138

CORAL GABLES, FL 33133

FEI Number: 27-3007766 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ, CARLOS J 2601 SW 37TH AVE. STE 138

CORAL GABLES, FL 33133 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

**FILED** Feb 01, 2018

**Secretary of State** 

CC2908271854

Authorized Person(s) Detail:

Title MGR Title **MGRM** 

Name DUMENIGO, FEDERICO Name GONZALEZ, CARLOS J Address

2601 SW 37TH AVE 2601 SW 37TH AVE Address **STE 138 STE 138** 

City-State-Zip: CORAL GABLES FL 33133 City-State-Zip: CORAL GABLES FL 33133

Title **DIRECTOR** 

Name GONZALEZ, CHRISTOPHER

Address 2601 SW 37TH AVE

STE 138

City-State-Zip: CORAL GABLES FL 33133

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.

Electronic Signature of Signing Authorized Person(s) Detail