

**2020 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:**

4960 SW 72ND AVE  
SUITE 208  
MIAMI, FL 33155 US

**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

**Authorized Person(s) Detail :**

Title MGR  
Name DUMENIGO, FEDERICO  
Address 2601 SW 37TH AVE  
STE 138  
City-State-Zip: CORAL GABLES FL 33133

Title MGRM  
Name GONZALEZ, CARLOS J  
Address 2601 SW 37TH AVE  
STE 138  
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.*

**SIGNATURE:** CARLOS J GONZALEZ

COO

01/14/2020

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

\_\_\_\_\_  
Date