

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000125603

Entity Name: PROFESSIONAL DIALYSIS CENTER, LLC

Current Principal Place of Business:

10021 PINES BLVD., STE. 201
PEMBROKE PINES, FL 33024

Current Mailing Address:

10021 PINES BLVD., STE. 201
PEMBROKE PINES, FL 33024

FEI Number: 27-4218019

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOLINA, JULIO C
10021 PINES BLVD., STE. 201
PEMBROKE PINES, FL 33024 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 MOLINA, JULIO C
Address 10021 PINES BLVD., STE. 201
City-State-Zip: PEMBROKE PINES FL 33024

Title MGRM
Name RANGEL, FELIX A
Address 10021 PINES BLVD., STE. 201
City-State-Zip: PEMBROKE PINES FL 33024

Title MGR
Name ARRIETA, GRACILIANO
Address 10021 PINES BLVD., STE. 201
City-State-Zip: PEMBROKE PINES FL 33024

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: JULIO C MOLINA

MGR

04/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date