

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000127239

**Entity Name:** OCALA SOUTH DIALYSIS LLC

**Current Principal Place of Business:**

13940 N US HWY 441 SUITE 400  
LADY LAKE, FL 32159

**Current Mailing Address:**

2980 S.E. 3RD COURT  
OCALA, FL 34471-7445

**FEI Number:** 27-4271703

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

HAINES, TIM D  
125 N.E. 1ST AVENUE, STE. 1  
OCALA, FL 34470 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 MRMB  
Name ORG REAL PROPERTY INC  
Address 2980 SE 3RD COURT  
City-State-Zip: OCALA FL 34471

*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:** TIMOTHY ROGERS

**MEMBER**

**01/25/2016**

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

\_\_\_\_\_  
Date