

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000091553

**Entity Name:** CROWN DIALYSIS CENTER OF PALM BEACH, LLC

**Current Principal Place of Business:**

4701 NORTH FEDERAL HWY  
BOCA RATON, FL 33431

**Current Mailing Address:**

4701 NORTH FEDERAL HWY  
BOCA RATON, FL 33431 US

**FEI Number:** 45-2939730

**Certificate of Status Desired:** Yes

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

AMBA MANAGEMENT TRUST  
30 COMPASS ISLE  
FORT LAUDERDALE, FL 33308 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:** BHARAT GUPTA

02/08/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name AMBA LIMITED PARTNERSHIP  
Address 30 COMPASS ISLE  
City-State-Zip: FORT LAUDERDALE FL 33308

*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:** BHARAT GUPTA MD

REGISTERED AGENT

02/08/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date