#### 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000091553

Entity Name: CROWN DIALYSIS CENTER OF PALM BEACH, LLC

**FILED** Jan 10, 2014 **Secretary of State** CC1669364413

## **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 01/10/2014

Electronic Signature of Registered Agent

Date

## Authorized Person(s) Detail:

Title MGR

Name AMBA LIMITED PARTNERSHIP

30 COMPASS ISLE Address

SIGNATURE: BHARAT GUPTA

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.

**MGR**