

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000111150

Entity Name: ALL ACCESS MOBLIE HEMODIALYSIS LLC

Current Principal Place of Business:

100 OPAL HILL CIRCLE
DAYTONA BEACH, FL 32124

Current Mailing Address:

P. O. BOX 11434
DAYTONA BEACH, FL 32120 US

FEI Number: 45-3534749

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RESTINO, PHILIP C
27 BAY IN THE WOOD
PORT ORANGE, FL 32129 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 BARRAGAN, ROBERTO DIII
Address 100 OPAL HILL CIRCLE
City-State-Zip: DAYTONA BEACH FL 32124

Title MGRM
Name MONGAL, JACQUILINE T
Address 100 OPAL HILL CIRCLE
City-State-Zip: DAYTONA BEACH FL 32124

Title MGRM
Name MALLOY-GLOVER, LYNDAH
Address 8947 WASHINGTON AVENUE
City-State-Zip: JACKSONVILLE FL 32208

Title MGRM
Name ROMERO-BARRAGAN, LUISA A
Address 100 OPAL HILL CIRCLE
City-State-Zip: DAYTONA BEACH FL 32124

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: ROBERTO D. BARRAGAN III

MGRM

03/25/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date