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: ALBERTO B. ESQUENAZI

Electronic Signature of Signing Authorized Person(s) Detail

Entity Name: CORAL GABLES DIALYSIS PARTNERS LLC.

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

7900 S.W. 57TH AVENUE, SUITE 21 SOUTH MIAMI, FL 33143

DOCUMENT# L13000003698

Current Mailing Address:

7900 S.W. 57TH AVENUE, SUITE 21 SOUTH MIAMI, FL 33143

FEI Number: 46-1657301

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 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

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	ESQUENAZI, ALBERTO B M.D.	Name	TRESPALACIOS, FERNANDO C M.D.
Address	7900 S.W. 57TH AVENUE, SUITE 21	Address	9193 S.W. 72 STREET, SUITE 200
City-State-Zip:	SOUTH MIAMI FL 33143	City-State-Zip:	MIAMI FL 33173

PRESIDENT

01/08/2023

Date

FILED Jan 08, 2023 Secretary of State 8508367030CC

Date

Certificate of Status Desired: No