

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000003698

**Entity Name:** CORAL GABLES DIALYSIS PARTNERS LLC.

**Current Principal Place of Business:**

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

**Current Mailing Address:**

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

**FEI Number:** 46-1657301

**Certificate of Status Desired:** No

**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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title MGR  
Name ESQUENAZI, ALBERTO B M.D.  
Address 7900 S.W. 57TH AVENUE, SUITE 21  
City-State-Zip: SOUTH MIAMI FL 33143

Title MGR  
Name TRESPALACIOS, FERNANDO C M.D.  
Address 9193 S.W. 72 STREET, SUITE 200  
City-State-Zip: MIAMI FL 33173

*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

**MANAGER**

**03/18/2020**

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

\_\_\_\_\_  
Date