

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000155035

Entity Name: SOUTH FLORIDA KIDNEY CARE, PLLC

Current Principal Place of Business:

4060 SHERIDAN ST
STE B
HOLLYWOOD, FL 33021

Current Mailing Address:

4060 SHERIDAN ST
STE B
HOLLYWOOD, FL 33021 US

FEI Number: 46-4037017

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 KUHN, JOSEPH A MD,FACP
Address 102 HAYWOOD RD
City-State-Zip: WILMINGTON DE 19807-1114

Title OTHER
Name MELLO, BRYAN
Address FMC
 920 WINTER ST
City-State-Zip: WALTHAM MA 02451

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: BRYAN MELLO

ASSISTANT TREASURER 04/06/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date