

**2015 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 COLANTONIO, PAUL  
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:** PAUL COLANTONIO

OTHER

04/23/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date