

2019 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	Title	OTHER
Name	KUHN, JOSEPH A MD,FACP	Name	MELLO, BRYAN
Address	102 HAYWOOD RD	Address	FMC 920 WINTER ST
City-State-Zip:	WILMINGTON DE 19807-1114	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 04/25/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date