

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000024118

**Entity Name:** APOLLO RENAL CENTER MIAMI, LLC

**Current Principal Place of Business:**

955 NW 3RD STREET  
SUITE 110  
MIAMI, FL 33128

**Current Mailing Address:**

4960 SW 72ND AVE  
SUITE 208  
MIAMI, FL 33155 US

**FEI Number:** 47-3395968

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GONZALEZ, CARLOS J  
955 NW 3RD STREET SUITE 110  
MIAMI, FL 33128 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	MGR
Name	GONZALEZ, CARLOS J	Name	DUMENIGO, FEDERICO
Address	955 NW 3RD STREET SUITE 110	Address	955 NW 3RD STREET SUITE 110
City-State-Zip:	MIAMI FL 33128	City-State-Zip:	MIAMI FL 33128

*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:** CARLOS J GONZALEZ

COO

02/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date