

**2016 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:**

2601 SW 37TH AVENUE  
SUITE 138  
CORAL GABLES, FL 33133 UN

**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

**MANAGER**

**03/15/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date