

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000170783

**Entity Name:** GRAND DIALYSIS SERVICES, LLC

**Current Principal Place of Business:**

7765 JOHNSON ST.  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

7765 JOHNSON ST.  
PEMBROKE PINES, FL 33024 US

**FEI Number:** 47-5253487

**Certificate of Status Desired:** No

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

ESTABILLO, RUBEN  
3253 NW 104TH AVENUE  
SUNRISE, FL 33351 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 ESTABILLO, RUBEN  
Address 3253 NW 104TH AVENUE  
City-State-Zip: SUNRISE FL 33351

*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:** RUBEN ESTABILLO

CEO

02/15/2016

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date