

**2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED 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	CEO	Title	MGR
Name	ESTABILLO, RUBEN	Name	PRO HEALTH INVESTMENTS LLC
Address	3253 NW 104TH AVENUE	Address	7765 JOHNSON ST.
City-State-Zip:	SUNRISE FL 33351	City-State-Zip:	PEMBROKE PINES FL 33024
Title	MGR		
Name	GULATI, MANJIT		
Address	10726 CHARLESTON PLACE		
City-State-Zip:	COOPER CITY FL 33026		

*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

05/21/2019

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

\_\_\_\_\_  
Date