

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000030171

**Entity Name:** KIDNEY CARE PARTNERS OF FLORIDA LLC

**Current Principal Place of Business:**

3105 N UNIVERSITY DRIVE  
STE 103  
DAVIE, FL 33002

**Current Mailing Address:**

10726 CHARLESTON PLACE  
COOPER CITY, FL 33026

**FEI Number:** 81-1425821

**Certificate of Status Desired:** No

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

GULATI, MANJIT S  
10726 CHARLESTON PLACE  
COOPER CITY, FL 33026 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	GULATI, MANJIT S	Name	GULATI, SUKHVINDER K
Address	10726 CHARLESTON PLACE	Address	10726 CHARLESTON PLACE
City-State-Zip:	COOPER CITY FL 33026	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:** MANJIT GULATI

PTNR

03/10/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date