

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000059753

Entity Name: FKP WEST FLORIDA, LLC.**Current Principal Place of Business:**12662 TELECOM DR
TEMPLE TERRACE, FL 33637**Current Mailing Address:**12662 TELECOM DR
TEMPLE TERRACE, FL 33637 UN**FEI Number:** 82-0841883**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LESLIE , THOMPSON
12662 TELECOM DR
TEMPLE TERRACE, FL 33637 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:** LESLIE THOMPSON

06/08/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name THOMPSON, LESLIE D
Address 12662 TELECOM DRIVE
FLORIDA KIDNEY PHYSICIANS
City-State-Zip: TEMPLE TERRACE FL 33637

Title AMR
Name BELTRAN, LUIS MD
Address 12662 TELECOM DR
City-State-Zip: TEMPLE TERRACE 33637

Title AMR
Name BALIGA, RAJENDRA MD
Address 12662 TELECOM DR
City-State-Zip: TEMPLE TERRACE 33637

Title AMR
Name UTTAMCHANDANI, SHYAM
Address 12662 TELECOM DR
City-State-Zip: TEMPLE TERRACE 33637

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: LESLIE THOMPSON

MANAGER

06/08/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date