

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000089758

Entity Name: ORANGE KIDNEY AND HYPERTENSION CARE PLLC

Current Principal Place of Business:

1117 ARBOR GLEN CIRCLE
WINTER SPRINGS, FL 32708

Current Mailing Address:

1117 ARBOR GLEN CIRCLE
WINTER SPRINGS, FL 32708 US

FEI Number: 82-1404272

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HUSAIN, SAYED M
1117 ARBOR GLEN CIRCLE
WINTERSPRINGS, FL 32708 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 AMBR
Name HUSAIN, SAYED M
Address 1117 ARBOR GLEN CIRCLE
City-State-Zip: WINTER SPRINGS FL 32708

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: HUSAIN , SAYED M

MD

05/01/2018

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date