

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000089758

**Entity Name:** ORANGE KIDNEY AND HYPERTENSION CARE PLLC

**Current Principal Place of Business:**

5022 MAPLE GLEN PL  
SANFORD, FL 32771-7181

**Current Mailing Address:**

5022 MAPLE GLEN PL  
SANFORD, FL 32771-7181 US

**FEI Number: 82-1404272**

**Certificate of Status Desired: No**

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

HUSAIN, SAYED M  
5022 MAPLE GLEN PL  
SANFORD, FL 32771-7181 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        5022 MAPLE GLEN PL  
City-State-Zip: SANFORD FL 32771-7181

*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: SAYED HUSAIN**

**AMBR**

**01/29/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date