

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000286827

Entity Name: DELTA DIALYSIS LLC

Current Principal Place of Business:

900 PLYMOUTH AVE
ORLANDO, FL 32805

Current Mailing Address:

PO BOX 1149
OCOEE, FL 34761

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NWAMU, NDIDI
900 PLYMOUTH AVE
ORLANDO, FL 32805 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: NDIDI NWAMU

04/10/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name NWAMU, NDIDI
Address 900 PLYMOUTH AVE
City-State-Zip: ORLANDO FL 32805

Title MGR
Name DELTA KIDNEY AND HYPERTENSION
PLC
Address 900 PLYMOUTH AVE
City-State-Zip: ORLANDO FL 32805

Title SECRETARY
Name LIS, GABRIELLE
Address 900 PLYMOUTH AVE
City-State-Zip: ORLANDO FL 32805

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: NDIDI NWAMU

MGR

04/10/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date