

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000287162

**Entity Name:** CENTRAL DIALYSIS LLC

**Current Principal Place of Business:**

5631 1ST AVENUE SOUTH  
ST. PETERSBURG, FL 33707

**Current Mailing Address:**

5631 1ST AVENUE SOUTH  
ST. PETERSBURG, FL 33707

**FEI Number:** 84-3917853

**Certificate of Status Desired:** No

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

AWWAD, ABRAHAM  
5631 1ST AVENUE SOUTH  
ST PETERSBURG, FL 33707 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  
Name AWWAD, ABRAHAM  
Address 5631 1ST AVENUE SOUTH  
City-State-Zip: ST PETERSBURG FL 33707

*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:** ABRAHAM I AWWAD

MANAGER

03/09/2021

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date