2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2024
Secretary of State
6243687125CC

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Entity Name: KIDNEY INSTITUTE OF FLORIDA, LLC

Current Principal Place of Business:

3227 LEE BLVD
UNIT 5
LEHIGH ACRES, FL 33971

Current Mailing Address:

3227 LEE BLVD
UNIT 5
LEHIGH ACRES, FL 33971 US

FEI Number: 86-3029624

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GULATI, ANKUSH
3227 LEE BLVD
UNIT 5
LEHIGH ACRES, FL 33971 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	MMRG	Title	MGR
Name	GULATI, ANKUSH M.D.	Name	SHETH, NIJAL
Address	12400 PALOMINO LN	Address	3227 LEE BLVD UNIT 5
City-State-Zip:	FORT MYERS FL 33912	City-State-Zip:	LEHIGH ACRES FL 33971

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: ANKUSH GULATI MGR 04/10/2024

Electronic Signature of Signing Authorized Person(s) Detail — Date