

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000212294

**Entity Name:** ELIXIA NEPHROLOGY, LLC

**Current Principal Place of Business:**

7369 SHERIDAN STREET  
SUITE 205  
HOLLYWOOD, FL 33024

**Current Mailing Address:**

7369 SHERIDAN STREET  
SUITE 205  
HOLLYWOOD, FL 33024 US

**FEI Number:** 87-4236300

**Certificate of Status Desired:** No

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

ELIXIA LLC  
7369 SHERIDAN STREET  
SUITE 205  
HOLLYWOOD, FL 33024 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:** NEAL PATEL

04/25/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	CEO	Title	COO
Name	PATEL, NEAL	Name	CRISSY, JAMES
Address	7369 SHERIDAN STREET SUITE 205	Address	7369 SHERIDAN STREET SUITE 205
City-State-Zip:	HOLLYWOOD FL 33024	City-State-Zip:	HOLLYWOOD FL 33024

*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:** NEAL PATEL

CEO

04/25/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date