

2024 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:

PATEL, NEAL
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

05/01/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name PATEL, NEAL
Address 7369 SHERIDAN STREET
 SUITE 205
City-State-Zip: HOLLYWOOD FL 33024

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

Title CEO
Name OWEN, DUSTIN
Address 7369 SHERIDAN STREET
 SUITE 205
City-State-Zip: HOLLYWOOD FL 33024

Title CFO
Name PETRUCCI, SARAH
Address 7369 SHERIDAN STREET
 SUITE 205
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

PRESIDENT

05/01/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date