

2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L21000448355

Entity Name: RENAL HYPERTENSION CENTER - NKP, LLC

Current Principal Place of Business:

14134 NEPHRON LANE
HUDSON, FL 34667

Current Mailing Address:

14134 NEPHRON LANE
HUDSON, FL 34667

FEI Number: 59-3068073

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ACHARYA, M.D., MURALIDHAR K
14134 NEPHRON LANE
HUDSON, FL 34667 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: ACHARYA, M.D. , MURALIDHAR , K

01/30/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AR
Name ACHARYA, M.D., MURALIDHAR K
Address 14134 NEPHRON LANE
City-State-Zip: HUDSON FL 34667

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: ACHARYA, M.D. , MURALIDHAR , K

OWNER

01/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date