Entity Name: FLORIDA KIDNEY & HYPERTENSION CLINIC - NKP, LLC			, · · · · · · · · · · · · · · · · · · ·	y of State 4495CC
Current Prin 14134 NEPHRO HUDSON, FL			201003	49900
Current Mai	ling Address:			
14134 NEPH HUDSON, F				
FEI Number: 59-3068073 Certificate of Status			Certificate of Status Des	sired: No
Name and A	Address of Current Registered Agent:			
14134 NEPHR0	D., MURALIDHAR K DN LANE			
HUDSON, FL 3	34667 US			
·	34667 US d entity submits this statement for the purpose of changing its r	egistered office or regis	tered agent, or both, in the State of Fl	lorida.
The above name		registered office or regis	tered agent, or both, in the State of Fl	lorida. 02/07/2024
The above name	d entity submits this statement for the purpose of changing its r	egistered office or regis	tered agent, or both, in the State of Fl	
The above named	d entity submits this statement for the purpose of changing its r E: _ACHARYA, M.D. , MURALIDHAR , K	registered office or regis	tered agent, or both, in the State of Fl	02/07/2024
The above named	d entity submits this statement for the purpose of changing its r E: ACHARYA, M.D. , MURALIDHAR , K Electronic Signature of Registered Agent	egistered office or regis	tered agent, or both, in the State of Fl	02/07/2024
The above name SIGNATURE Authorized	d entity submits this statement for the purpose of changing its r : ACHARYA, M.D. , MURALIDHAR , K Electronic Signature of Registered Agent Person(s) Detail :			02/07/2024
The above named SIGNATURE Authorized Title	d entity submits this statement for the purpose of changing its r ACHARYA, M.D. , MURALIDHAR , K Electronic Signature of Registered Agent Person(s) Detail : AR	Title	MD REDDY, RAMA T 2140 KINGSLEY AVENUE	02/07/2024
The above name SIGNATURE Authorized Title Name	d entity submits this statement for the purpose of changing its r ACHARYA, M.D. , MURALIDHAR , K Electronic Signature of Registered Agent Person(s) Detail : AR ACHARYA, M.D., MURALIDHAR K 14134 NEPHRON LANE	Title Name	MD REDDY, RAMA T 2140 KINGSLEY AVENUE SUITE 10	02/07/2024

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000452536

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: RAMA T REDDY

RAMA REDDY

02/07/2024

FILED Feb 07, 2024

Electronic Signature of Signing Authorized Person(s) Detail

Date