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

Electronic Signature of Signing Authorized Person(s) Detail

Name and Address of Current Registered Agent: ACHARYA, M.D., MURALIDHAR K

14134 NEPHRON LANE HUDSON, FL 34667 US

FEI Number: NOT APPLICABLE

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	МD	, MURALIDHAR ,	κ
	AOLIANTA,	IVI.D.,		, IX.

Authorized Person(s) Detail :

Title AR Name ACHARYA, M.D., MURALIDHAR K 14134 NEPHRON LANE

01/30/2023

01/30/2023

Date

2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L21000452536

Entity Name: FLORIDA KIDNEY & HYPERTENSION CLINIC - NKP, LLC

Current Principal Place of Business:

14134 NEPHRON LANE HUDSON, FL 34667

Current Mailing Address:

14134 NEPHRON LANE HUDSON, FL 34667

Electronic Signature of Registered Agent

Address City-State-Zip: HUDSON FL 34667

Jan 30, 2023 Secretary of State 5110647904CR

Certificate of Status Desired: No

FILED

OWNER

Date