2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2025
Secretary of State
3587200218CC

DOCUMENT# L21000532616

Entity Name: WELLCARE DIALYSIS CENTER, LLC

Current Principal Place of Business:

4589 PURDUE DR
BOYNTON BEACH, FL 33436

Current Mailing Address:

4589 PURDUE DR
BOYNTON BEACH, 33436 UN

FEI Number: 87-4135537

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NERELUS, EMMANUELLA B
4589 PURDUE DR
BOYNTON BEACH, FL 33436 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:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	NERELUS, EMMANUELLA
Address	4589 PURDUE DR
City-State-Zip:	BOYNTON BEACH FL 33436

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: EMMANUELLA NERELUS MGR 04/28/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date