

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000251147

Entity Name: POENARIU NEPHROLOGY LLC

Current Principal Place of Business:

2596 CALA COVE COURT
JACKSONVILLE, FL 32246

Current Mailing Address:

2596 CALA COVE COURT
JACKSONVILLE, FL 32246 US

FEI Number: 33-3180665

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POENARIU, ANDREEA DR.
2596 CALA COVE COURT
JACKSONVILLE, FL 32246 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 MANAGER
Name POENARIU, ANDREEA
Address 2596 CALA COVE COURT
City-State-Zip: JACKSONVILLE FL 32246

Title MANAGER
Name POENARIU, ANDREEA
Address 2596 CALA COVE COURT
City-State-Zip: JACKSONVILLE FL 32246

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: ANDREEA POENARIU

MS.

04/30/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date