## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000470922

Entity Name: OM DIALYSIS LLC

**Current Principal Place of Business:** 

8900 NW 153 TERRACE

HIALEAH, FL 33018

**Current Mailing Address:** 

8900 NW 153 TERRACE HIALEAH, FL 33018 US

FEI Number: 88-2359928 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTINEZ ROBAINA, ODEL 8900 NW 153 TERRACE HIALEAH, FL 33018 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

**FILED** Mar 07, 2024

**Secretary of State** 

0593916403CC

## Authorized Person(s) Detail:

Title **AMBR** 

Name MARTINEZ ROBAINA, ODEL Address 8900 NW 153 TERRACE City-State-Zip: HIALEAH FL 33018

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: ODEL MARTINEZ ROBAINA

**PRESIDENT** 

03/07/2024