

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M06000003728

**Entity Name:** BRADENTON DIALYSIS CENTER LLC

**Current Principal Place of Business:**

500 CUMMINGS CENTER  
SUITE 6550  
BEVERLY, MA 01915

**Current Mailing Address:**

500 CUMMINGS CENTER  
SUITE 6550  
BEVERLY, MA 01915 US

**FEI Number:** 43-2106855

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	Title	MEMBER
Name	MENDEZ, NICK	Name	AMERICAN RENAL ASSOCIATES LLC
Address	500 CUMMINGS CENTER SUITE 6550	Address	500 CUMMINGS CENTER SUITE 6550
City-State-Zip:	BEVERLY MA 01915	City-State-Zip:	BEVERLY MA 01915
Title	MEMBER	Title	MEMBER
Name	PALOMINO, CELESTINO M.D.	Name	CELAYA, DANIEL M.D.
Address	4203 BAMBOO TERRACE	Address	3701 MANATEE AVENUE WEST
City-State-Zip:	BRADENTON FL 34210	City-State-Zip:	BRADENTON FL 34205
Title	MANAGER	Title	MANAGER
Name	KAMAL, SYED T.	Name	PALOMINO, CELESTINO M.D.
Address	17925 CACHET ISLE DRIVE	Address	4203 BAMBOO TERRACE
City-State-Zip:	TAMPA FL 33647	City-State-Zip:	BRADENTON FL 34210

*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:** MENDEZ , NICK

**MANAGER**

**03/30/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date