

2024 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:

5837 WEST 21ST AVENUE
TANGLEWOOD PROFESSIONAL CENTER
WEST BRADENTON, FL 34209 US

FEI Number: 43-2106855

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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	1550 W. MCEWEN DR SUITE 600	Address	500 CUMMINGS CENTER SUITE 6550
City-State-Zip:	FRANKLIN TN 37067	City-State-Zip:	BEVERLY MA 01915
Title	MEMBER, MANAGER	Title	MEMBER
Name	PALOMINO, CELESTINO M.D.	Name	CELAYA, DANIEL M.D.
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	MANAGER		
Name	KAMAL, SYED T.		
Address	500 CUMMINGS CENTER SUITE 6550		
City-State-Zip:	BEVERLY MA 01915		

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: NICK MENDEZ

MANAGER

02/23/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date