

2021 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
Name	MENDEZ, NICK
Address	34 HAVEN WAY
City-State-Zip:	BEVERLY FARMS MA 01915

Title	MEMBER
Name	PALOMINO, CELESTINO M.D.
Address	4203 BAMBOO TERRACE
City-State-Zip:	BRADENTON FL 34210

Title	MANAGER
Name	KAMAL, SYED T.
Address	17925 CACHET ISLE DRIVE
City-State-Zip:	TAMPA FL 33647

Title	MEMBER
Name	AMERICAN RENAL ASSOCIATES LLC
Address	500 CUMMINGS CENTER SUITE 6550
City-State-Zip:	BEVERLY MA 01915

Title	MEMBER
Name	CELAYA, DANIEL M.D.
Address	3701 MANATEE AVENUE WEST
City-State-Zip:	BRADENTON FL 34205

Title	MANAGER
Name	PALOMINO, CELESTINO M.D.
Address	4203 BAMBOO TERRACE
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: NICK MENDEZ

MANAGER

04/17/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date