

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M07000005129

**Entity Name:** PALMETTO DIALYSIS CENTER LLC

**Current Principal Place of Business:**

500 CUMMINGS CENTER  
SUITE 6550  
BEVERLY, MA 01915

**Current Mailing Address:**

3820 US 301 N  
ELLENTON, FL 34222 US

**FEI Number:** 26-0722021

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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 MEMBER  
Name BALA, JENNIFER C. M.D.  
Address 500 CUMMINGS CENTER  
SUITE 6550  
City-State-Zip: BEVERLY MA 01915

Title MANAGER  
Name KAMAL, SYED T.  
Address 500 CUMMINGS CENTER  
SUITE 6550  
City-State-Zip: BEVERLY MA 01915

Title MANAGER, MEMBER  
Name PALOMINO, CELESTINO M.D.  
Address 500 CUMMINGS CENTER  
SUITE 6550  
City-State-Zip: BEVERLY MA 01915

Title MANAGER  
Name MENDEZ, NICK  
Address 1550 W. MCEWEN DR.,  
SUITE 600  
City-State-Zip: FRANKLIN TN 37067

Title MEMBER  
Name AMERICAN RENAL ASSOCIATES LLC  
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