

**2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M09000001954

**Entity Name:** LAKE CLARKE SHORES DIALYSIS CENTER, LLC

**Current Principal Place of Business:**

920 WINTER STREET  
TAX DEPT  
WALTHAM, MA 02451

**Current Mailing Address:**

920 WINTER STREET  
TAX DEPT  
WALTHAM, MA 02451

**FEI Number:** 27-0210884

**Certificate of Status Desired:** No

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

CT 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 MGRM  
Name FRESENIUS MEDICAL CARE  
VENTURES LLC  
Address 920 WINTER STREET  
City-State-Zip: WALTHAM MA 02451

Title MGRM  
Name SOUTH PALM BEACH NEPHROLOGY  
HOLDINGS, LLC  
Address 5503 SOUTH CONGRESS AVENUE,  
SUITE 103  
City-State-Zip: ATLANTIS FL 33462

*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:** BRYAN MELLO

**ASSISTANT TREASURER** 04/19/2017

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date