

**2024 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            AUTHORIZED MEMBER  
Name            FRESENIUS MEDICAL CARE  
                    VENTURES, LLC  
Address         920 WINTER STREET  
                    TAX DEPT  
City-State-Zip: WALTHAM MA 02451

*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:** FRESENIUS MEDICAL CARE VENTURES, LLC

**MEMBER**

**01/09/2024**

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

\_\_\_\_\_  
Date