

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1000002400

Entity Name: MIAMI REGIONAL DIALYSIS CENTER WEST, LLC

Current Principal Place of Business:

920 WINTER STREET
WALTHAM, MA 02451

Current Mailing Address:

920 WINTER STREET
WALTHAM, MA 02451 US

FEI Number: 27-2538823

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 GOLDSAND, CARL S.
Address 920 WINTER STREET
City-State-Zip: WALTHAM MA 02451

Title MANAGER
Name PENA, CARLOS F.
Address 920 WINTER STREET
City-State-Zip: WALTHAM MA 02451

Title MANAGER
Name RODRIGUEZ, NILDA
Address 920 WINTER STREET
City-State-Zip: WALTHAM MA 02451

Title MANAGER
Name RICE, RICHARD
Address 920 WINTER STREET
City-State-Zip: WALTHAM MA 02451

Title MANAGER
Name BRENTAR, GINNIE
Address 920 WINTER STREET
City-State-Zip: WALTHAM MA 02451

Title AUTHORIZED SIGNOR
Name MELLO, BRYAN
Address 920 WINTER STREET
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: MELLO, BRYAN

AUTHORIZED SIGNOR

03/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date