

**2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000002400

**Entity Name:** MIAMI REGIONAL DIALYSIS CENTER WEST, LLC**Current Principal Place of Business:**900 PARK CENTRE BOULEVARD,SUITE 400  
MIAMI, FL 33169**Current Mailing Address:**900 PARK CENTRE BOULEVARD,SUITE 400  
MIAMI, FL 33169 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	CARLUCCI, JOSEPH A.
Address	34 HAVEN WAY
City-State-Zip:	BEVERLY FARMS MA 01915

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

Title	MANAGER
Name	WILLIAMSON, DON
Address	105 HILL ST
City-State-Zip:	TOPSFIELD MA 01983

Title	MANAGER
Name	GOLDSAND, CARL S.
Address	1606 MICANOPY AVENUE
City-State-Zip:	MIAMI FL 33133

Title	MANAGER
Name	PENA, CARLOS F.
Address	1137 CASTILE AVENUE
City-State-Zip:	CORAL GABLES FL 33134

*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:** JOSEPH A. CARLUCCI

MANAGER

06/04/2020

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