

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M10000002400

**Entity Name:** MIAMI REGIONAL DIALYSIS CENTER WEST, LLC

**Current Principal Place of Business:**

500 CUMMINGS CENTER, SUITE 6550  
BEVERLY, MA 01915

**Current Mailing Address:**

500 CUMMINGS CENTER, SUITE 6550  
BEVERLY, MA 01915 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           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:** AMERICAN RENAL ASSOCIATES, LLC

**MANAGER**

**04/11/2018**

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

\_\_\_\_\_  
Date