

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1100005020

Entity Name: AMERICAN ACCESS CARE OF FLORIDA, LLC

Current Principal Place of Business:

920 WINTER ST
WALTHAM, MA 02451

Current Mailing Address:

920 WINTER STREET
WALTHAM, MA 02451

FEI Number: 20-4435929

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 | MANAGING MEMBER | Title | MANAGING MEMBER |
| Name | AMERICAN ACCESS CARE LLC | Name | GOEL, NAVEEN MD |
| Address | 920 WINTER ST | Address | 920 WINTER ST |
| City-State-Zip: | WALTHAM MA 02451 | City-State-Zip: | WALTHAM MA 02451 |

| | |
|-----------------|-----------------------------|
| Title | AUTHORIZED MEMBER |
| Name | FRESENIUS VASCULAR CARE INC |
| Address | 920 WINTER ST |
| 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: BRYAN MELLO

ASSISTANT TREASURER 04/23/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date