

2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1600004512

Entity Name: FLORIDA KIDNEY CARE, LLC

Current Principal Place of Business:

920 WINTER ST
WALTHAM, MA 02451

Current Mailing Address:

920 WINTER ST
WALTHAM, MA 02451 US

FEI Number: 81-2685539

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: AMY BERTELETTI

04/05/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AR
Name MELLO, BRYAN
Address 920 WINTER ST
City-State-Zip: WALTHAM MA 02451

Title AR
Name GLADITSCH, PETER
Address 920 WINTER ST
City-State-Zip: WALTHAM MA 02451

Title AR
Name BROUILLARD, THOMAS
Address 920 WINTER ST
City-State-Zip: WALTHAM MA 02451

Title AR
Name VALLE, RYAN
Address 920 WINTER ST
City-State-Zip: WALTHAM MA 02451

Title AR
Name FAWCETT, MARK
Address 920 WINTER ST
City-State-Zip: WALTHAM MA 02451

Title AR
Name SIPOS, JOSEPH
Address 920 WINTER ST
City-State-Zip: WALTHAM MA 02451

Title VICE PRESIDENT
Name O'KEEFE, JERRY
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 04/05/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date