

**2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000004512

**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

05/01/2021

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 AT  
Name MILLER, MOLLIE  
Address 920 WINTER STREET  
TAX DEPT  
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 BURKE, MARIA  
Address 920 WINTER ST  
City-State-Zip: WALTHAM MA 02451

Title ASSISTANT TREASURER  
Name RIZZO, DOROTHY  
Address 920 WINTER ST  
City-State-Zip: WALTHAM MA 02451

Title CFO  
Name BRAUN, DENNIS  
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

AT

05/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date