

**2017 FOREIGN LIMITED LIABILITY COMPANY REINSTATEMENT**

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

11/22/2017

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 DOMBRO, LISA  
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 11/22/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date