

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000005892

Entity Name: FRESENIUS VASCULAR CARE ORLANDO, LLC

Current Principal Place of Business:

920 WINTER ST
WALTHAM, MA 02451

Current Mailing Address:

920 WINTER ST
WALTHAM, MA 02451 US

FEI Number: 81-3296883

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 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 04/18/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date