

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M16000009588

**Entity Name:** FRESENIUS VASCULAR CARE OF TAMPA ASC, LLC

**Current Principal Place of Business:**

920 WINTER ST.  
WALTHAM, MA 02451

**Current Mailing Address:**

920 WINTER ST.  
WALTHAM, MA 02451 US

**FEI Number: 81-4613323**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
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 MEMBER  
Name FRESENIUS VASCULAR CARE OF  
TAMPA, LLC  
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: FRESENIUS VASCULAR CARE OF TAMPA, LLC** \_\_\_\_\_

**MEMBER**

**03/31/2022**

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date