

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000009300

Entity Name: LOCUSTON DIALYSIS, LLC

Current Principal Place of Business:

2000 16TH STREET
JLD/SECGOVFIN
DENVER, CO 80202

Current Mailing Address:

601 HAWAII STREET
JLD/SECGOVFIN
EL SEGUNDO, CA 90245 US

FEI Number: 82-3271181

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 TOTAL RENAL CARE, INC.
Address 2000 16TH STREET
JLD/SECGOVFIN
City-State-Zip: DENVER CO 80202

Title AUTHORIZED MEMBER
Name LAKELAND REGIONAL HEALTH
SYSTEMS, INC.
Address 2000 16TH STREET
JLD/SECGOVFIN
City-State-Zip: DENVER CO 80202

Title AUTHORIZED MEMBER
Name CENTRAL FLORIDA KIDNEY CARE,
P.A.
Address 2000 16TH STREET
JLD/SECGOVFIN
City-State-Zip: DENVER CO 80202

Title AUTHORIZED REPRESENTATIVE
Name CALDWELL, SAMANTHA A.
Address 2000 16TH STREET
JLD/SECGOVFIN
City-State-Zip: DENVER CO 80202

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: SAMANTHA A. CALDWELL

**AUTHORIZED
REPRESENTATIVE**

04/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date