

**2018 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000009300

**Entity Name:** LOCUSTON DIALYSIS, LLC

**Current Principal Place of Business:**

2000 16TH STREET  
ATTN: JLD/SECGOVFIN.  
DENVER, CO 80202

**Current Mailing Address:**

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

**FEI Number:** 83-3271181

**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	MANAGING MEMBER	Title	AUTHORIZED REPRESENTATIVE
Name	TOTAL RENAL CARE, INC	Name	SIDA, ARTURO
Address	2000 16TH STREET ATTN: JLD/SECGOVFIN.	Address	2000 16TH STREET ATTN: JLD/SECGOVFIN.
City-State-Zip:	DENVER CO 80202	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:** ARTURO SIDA

**AUTHORIZED  
REPRESENTATIVE**

**04/17/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date