

8/19/2019

Division of Corporations

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**H190002471293**

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(((H190002471293)))



H190002471293ABC2

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

2019 AUG 19 PM 2:55

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
WEST ORANGE MAITLAND DIALYSIS CENTER, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$55.00

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AUG 20 2019

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

## SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: West Orange Maitland Dialysis Center, LLC

Enter new principal office address, if applicable: c/o Fresenius Medical Care North America

(Principal office address

MUST BE A STREET ADDRESS)

920 Winter St.

Waltham, MA 02451

Enter new mailing address, if applicable:

(Mailing address

MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M19000007745

3. Jurisdiction of its organization: Delaware

4. Date authorized to do business in Florida: August 12, 2019

## SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "LLC," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "LLC," or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, Florida \_\_\_\_\_  
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

If Changing Registered Agent, Signature of New Registered Agent

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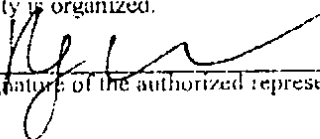
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

(see attachment for additional information)

Title/ Capacity	Name	Address	Type of Action
Member	Banji Awosika, M.D.	1210 E. Plant St., Suite 130	<input type="checkbox"/> Add
		Winter Garden, FL 34787	<input checked="" type="checkbox"/> Remove
Member	Bio-Medical Applications of Florida, Inc.	920 Winter St.	<input checked="" type="checkbox"/> Add
		Waltham, MA 02451	<input type="checkbox"/> Remove
Member	West Orange Dialysis Holdings, LLC	1210 E. Plant St., Suite 120	<input checked="" type="checkbox"/> Add
		Winter Garden, FL 34787	<input type="checkbox"/> Remove
Manager	Banji Awosika, M.D.	1210 E. Plant St., Suite 130	<input checked="" type="checkbox"/> Add
		Winter Garden, FL 34787	<input type="checkbox"/> Remove
Manager	Ryan M. Valle	920 Winter St.	<input checked="" type="checkbox"/> Add
		Waltham, MA 02451	<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

  
Signature of the authorized representative

Ryan M. Valle

Typed or printed name of signee

Filing Fee: \$25.00

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Florida Foreign LLC Amendment  
West Orange Maitland Dialysis Center, LLC  
Line 8 continued

<u>Title/Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>Manager</u>	<u>Lisa Ebert</u>	<u>920 Winter St.</u>	<input checked="" type="checkbox"/> Add
		<u>Waltham, MA 02451</u>	<input type="checkbox"/> Remove

APPROVED  
ALL  
THINGS  
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