

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000013610

Entity Name: ARA-SEBRING DIALYSIS LLC

Current Principal Place of Business:

500 CUMMINGS CENTER
SUITE 6550
BEVERLY, MA 01915

FILED
Feb 22, 2023
Secretary of State
4422781190CC

Current Mailing Address:

4245 SUN N' LAKE BLVD
SEBRING, FL 33872 US

FEI Number: 13-4264684

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: MANAGER
Name: ATTMORE, GEORGE
Address: 500 CUMMINGS CENTER
SUITE 6550
City-State-Zip: BEVERLY MA 01915

Title: MEMBER
Name: AMERICAN RENAL ASSOCIATES LLC
Address: 500 CUMMINGS CENTER
SUITE 6550
City-State-Zip: BEVERLY MA 01915

Title: MEMBER
Name: THE ERNESTO PINZON
IRREVOCABLE TRUST
Address: 500 CUMMINGS CENTER
SUITE 6550
City-State-Zip: BEVERLY MA 01915

Title: MANAGER
Name: KAMAL, SYED T.
Address: 500 CUMMINGS CENTER
SUITE 6550
City-State-Zip: BEVERLY MA 01915

Title: MANAGER
Name: ABANILLA, FERNANDO M. M.D.
Address: 500 CUMMINGS CENTER
SUITE 6550
City-State-Zip: BEVERLY MA 01915

Title: MANAGER
Name: PINZON, ERNESTO M.D.
Address: 500 CUMMINGS CENTER
SUITE 6550
City-State-Zip: BEVERLY MA 01915

Title: MANAGER
Name: MENDEZ, NICK
Address: 500 CUMMINGS CENTER
SUITE 6550
City-State-Zip: BEVERLY MA 01915

Title: MEMBER
Name: ARLEEN O. ABANILLA REVOCABLE
LIVING TRUST
Address: 500 CUMMINGS CENTER
SUITE 6550
City-State-Zip: BEVERLY MA 01915

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: NICK MENDEZ

MANAGER

02/22/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date