

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000031618

Entity Name: EAST COAST NEPHROLOGY ASSOCIATES LLC

Current Principal Place of Business:

335 CLYDE MORRIS BLVD.
260
ORMOND BEACH, FL 32174

Current Mailing Address:

759 N. BEACH STREET
ORMOND BEACH, FL 32174 US

FEI Number: 03-0495420

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SINGH, J. PETER MGRM
759 N. BEACH STREET
ORMOND BEACH, FL 32174 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 MGRM
Name SINGH, J. PETER
Address 759 N. BEACH STREET
City-State-Zip: ORMOND BEACH FL 32174

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: J. PETER SINGH

MGRM

03/02/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date