

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000016996

**Entity Name:** NEPHROLOGY LAND ASSOCIATES LLC

**Current Principal Place of Business:**

3885 OAKWATER CIRCLE  
ORLANDO, FL 32806

**Current Mailing Address:**

3885 OAKWATER CIRCLE  
ORLANDO, FL 32806

**FEI Number:** 20-0808276

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

COHEN, JEFFREY  
3885 OAK WATER CIRCLE  
ORLANDO, FL 32806 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 MADAN, ARVIND  
Address 3885 OAKWATER CIRCLE  
City-State-Zip: ORLANDO FL 32806

Title MGRM  
Name COHEN, JEFFREY  
Address 3885 OAKWATER CIRCLE  
City-State-Zip: ORLANDO FL 32806

Title MANAGING MEMBER  
Name ABREU, ELPIDIO  
Address 3885 OAKWATER CIRCLE  
City-State-Zip: ORLANDO FL 32806

Title MANAGING MEMBER  
Name BHARGAVA, AMIT  
Address 3885 OAKWATER CIRCLE  
City-State-Zip: ORLANDO FL 32806

Title MANAGING MEMBER  
Name DELGADO, LAZARO  
Address 3885 OAKWATER CIRCLE  
City-State-Zip: ORLANDO FL 32806

Title MANAGING MEMBER  
Name LARRANAGA, JORGE  
Address 3885 OAKWATER CIRCLE  
City-State-Zip: ORLANDO FL 32806

Title MANAGING MEMBER  
Name MUKHERJEE, GOPEN  
Address 3885 OAKWATER CIRCLE  
City-State-Zip: ORLANDO FL 32806

Title MANAGING MEMBER  
Name WILLIAMS, MARK  
Address 3885 OAKWATER CIRCLE  
City-State-Zip: ORLANDO FL 32806

**Continues on page 2**

*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:** JEFFREY COHEN

**MGRM**

**04/23/2021**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title MANAGING MEMBER  
Name AHMED, FAWAD  
Address 3885 OAKWATER CIRCLE  
City-State-Zip: ORLANDO FL 32806

Title MGRM  
Name SULLIVAN, ROBERT  
Address 3885 OAKWATER CIRCLE  
City-State-Zip: ORLANDO FL 32806

Title MGRM  
Name REHMAN, SAIF UR  
Address 3885 OAKWATER CIRCLE  
City-State-Zip: ORLANDO FL 32806

Title MGRM  
Name PORTOCARRERO, MIGUEL  
Address 3885 OAKWATER CIRCLE  
City-State-Zip: ORLANDO FL 32806

Title MGRM  
Name NAIR, REJI  
Address 3885 OAKWATER CIRCLE  
City-State-Zip: ORLANDO FL 32806

Title MANAGING MEMBER  
Name SYED, JAVED  
Address 3885 OAKWATER CIRCLE  
City-State-Zip: ORLANDO FL 32806

Title MGRM  
Name ROSARIO CACHO, JOAQUIN  
Address 3885 OAKWATER CIRCLE  
City-State-Zip: ORLANDO FL 32806

Title MGRM  
Name SIDDIQUI, MOHAMMAD  
Address 3885 OAKWATER CIRCLE  
City-State-Zip: ORLANDO FL 32806

Title MGRM  
Name MOHANLAL, VIRESH  
Address 3885 OAKWATER CIRCLE  
City-State-Zip: ORLANDO FL 32806

Title MGRM  
Name WHITESIDE, AMAPOLA  
Address 3885 OAKWATER CIRCLE  
City-State-Zip: ORLANDO FL 32806