

2017 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 PRINCE, TIMOTHY
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

04/20/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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