

2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000020877

Entity Name: JOHNSON DIALYSIS CENTER, LLC**Current Principal Place of Business:**7769 JOHNSON ST
PEMBROKE PINES, FL 33024**Current Mailing Address:**7769 JOHNSON ST
PEMBROKE PINES, FL 33024 US**FEI Number:** 20-5166181**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**REYES, EVELYN
800 SW 191 TERRACE
PEMBROKE PINES, FL 33029 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:** EVELYN REYES

05/18/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name JARAMILLO, AMELIA
Address 3253 NW 104TH AVENUE
City-State-Zip: SUNRISE FL 33351

Title MANAGER
Name TAN-CARRASCO, GRACE
Address 220 NW 151 AVENUE
City-State-Zip: PEMBROKE PINES FL 33028

Title MANAGER
Name SIAO, GLORIA
Address 5271 SW 141 TERRACE
City-State-Zip: MIRAMAR FL 33027

Title MANAGER
Name REYES, EVELYN
Address 800 SW 191 TERRACE
City-State-Zip: PEMBROKE PINES FL 33029

Title MANAGER
Name GULATI, MANJIT DR.
Address 10726 CHARLESTON PLACE
City-State-Zip: COOPER CITY FL 33026

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: EVELYN REYES

MANAGER

05/18/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date