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

# 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000123020

Entity Name: NEPHROLOGY LAND ASSOCIATES III LLC

#### Current Principal Place of Business:

3885 OAKWATER CIRCLE ORLANDO, FL 32806

### Current Mailing Address:

3885 OAKWATER CIRCLE ORLANDO, FL 32806

### FEI Number: 20-8134270

## Name and Address of Current Registered Agent:

COHEN, JEFFREY M 3885 OAKWATER 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	E: JEFFREY COHEN			04/19/2024	
	Electronic Signature of Registered Agent			Date	
Authorized Person(s) Detail :					
Title	MGRM	Title	MGRM		
Name	MADAN, ARVIND M.D.	Name	COHEN, JEFFREY MD		
Address	3885 OAKWATER CIRCLE	Address	3885 OAKWATER CIRCLE		
City-State-Zip:	ORLANDO FL 32806	City-State-Zip:	ORLANDO FL 32806		
Title	MGMR				
Name	MOHANLAL, VIRESH				
Address	3885 OAKWATER CIRCLE				
City-State-Zip:	ORLANDO FL 32806				

MANAGING

04/19/2024

 $\label{eq:electronic Signature of Signing Authorized Person(s) \ Detail$ 

FILED Apr 19, 2024 Secretary of State 6507701770CC

Certificate of Status Desired: No

MANAGING MEMBER