

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000014836

Entity Name: MANATEE KIDNEY DISEASES CONSULTANTS, P.L.

Current Principal Place of Business:

3701 MANATEE AVE. W.
BRADENTON, FL 34205

Current Mailing Address:

3701 MANATEE AVE. W.
BRADENTON, FL 34205

FEI Number: 20-8440394

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CELAYA, DANIEL
3701 MANATEE AVE. W.
BRADENTON, FL 34205 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 PALOMINO, CELESTINO MD
Address 3701 MANATEE AVE. W.
City-State-Zip: BRADENTON FL 34205

Title MGRM
Name CELAYA, DANIEL MD
Address 3701 MANATEE AVE. W.
City-State-Zip: BRADENTON FL 34205

Title MGRM
Name BALA, JENNIFER MD
Address 3701 MANATEE AVE. W.
City-State-Zip: BRADENTON FL 34205

Title MGRM
Name TOKA, HAKAN MD
Address 3701 MANATEE AVE. W.
City-State-Zip: BRADENTON FL 34205

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: CELESTINO PALOMINO

MGRM

03/31/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date