

**2015 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

*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:** DR. DANIEL CELAYA

**PARTNER**

**02/09/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date