

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000067816

**Entity Name:** SARASOTA PHYSICIANS' DIALYSIS CENTER HOLDCO, LLC

**Current Principal Place of Business:**

1921 WALDEMERE STREET, STE. 107  
SARASOTA, FL 34239

**Current Mailing Address:**

1921 WALDEMERE STREET, STE. 107  
SARASOTA, FL 34239

**FEI Number:** 27-2949019

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

MAGIERA, CANDACE A  
1921 WALDEMERE STREET  
SUITE 107  
SARASOTA, FL 34239 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                            | Title           | MGRM                            |
| Name            | SASTRY, ASHOK M.D.              | Name            | GHOSE, RANJAN PM.D.             |
| Address         | 1921 WALDEMERE STREET, STE. 107 | Address         | 1921 WALDEMERE STREET, STE. 107 |
| City-State-Zip: | SARASOTA FL 34239               | City-State-Zip: | SARASOTA FL 34239               |

*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:** CANDACE MAGGIERA

**REGISTERED AGENT**

**04/07/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date