

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000108009

Entity Name: DELTA KIDNEY & HYPERTENSION, PLC**Current Principal Place of Business:**900 PLYMOUTH AVE
ORLANDO, FL 32805**Current Mailing Address:**PO BOX 1149
OCOEE, FL 34761 US**FEI Number:** 46-0843305**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NWAMU, NDIDI NDIDI NWAMU
900 PLYMOUTH AVE
ORLANDO, FL 32805 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:** NDIDI N NWAMU

04/10/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGRM	Title	SECRETARY
Name	NWAMU, NDIDI N DR.	Name	LIS, GABRIELLE ANWULI
Address	900 PLYMOUTH AVE	Address	PO BOX 1149
City-State-Zip:	ORLANDO FL 32805	City-State-Zip:	OCOEE FL 34761
Title	AUTHORIZED REPRESENTATIVE		
Name	LAGUERRE, CARLO		
Address	PO BOX 1149		
City-State-Zip:	OCOEE FL 34761		

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: NDIDI NWAMU

CEO

04/10/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date