

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000108009

**Entity Name:** DELTA KIDNEY & HYPERTENSION, PLC**Current Principal Place of Business:**12200 W COLONIAL DR  
SUITE 102  
WINTER GARDEN, FL 34787**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  
12200 W COLONIAL DR  
SUITE 102  
WINTER GARDEN, FL 34787 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

04/01/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGRM
Name	NWAMU, NDIDI N DR.
Address	12200 W COLONIAL DR SUITE 102
City-State-Zip:	WINTER GARDEN FL 34787

Title	AUTHORIZED MEMBER
Name	LAGUERRE, CARLO
Address	1916 LEATHER FERN DRIVE
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

MANAGING MEMBER

04/01/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date