

**2018 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L15000068726

**Entity Name:** SOUTH FLORIDA DIALYSIS CONSULTING, LLC

**Current Principal Place of Business:**

4627 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33146

**Current Mailing Address:**

4627 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33146

**FEI Number:** 47-3791048

**Certificate of Status Desired:** No

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

JACKSON, JOSEPH  
4627 PONCE DE LEON BOULEVARD  
CORAL GABLES, FL 33146 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:** JOSEPH JACKSON

02/02/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name WEINER, NEIL  
Address 4627 PONCE DE LEON BOULEVARD  
City-State-Zip: CORAL GABLES FL 33146

*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:** NEIL WEINER

MGR

02/02/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date