## 2017 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L15000126436

Entity Name: NEPHROLOGY SERVICES OF JUPITER MEDICAL

SPECIALISTS, LLC

**Current Principal Place of Business:** 

7700 WEST SUNRISE BOULEVARD PLANTATION, FL 33322

## **Current Mailing Address:**

7700 WEST SUNRISE BOULEVARD PLANTATION, FL 33322 US

FEI Number: 32-0471662 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301 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: JILLIAN MARCUS 10/12/2017

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

 Title
 MGR
 Title
 MGR

 Name
 WEINSTEIN, CHRISTINE
 Name
 FOX, LEE

Address 7700 WEST SUNRISE BOULEVARD Address 7700 WEST SUNRISE BOULEVARD

City-State-Zip: PLANTATION FL 33322 City-State-Zip: PLANTATION FL 33322

TitleMGRTitleMGR, PRES & CEONameDYTRYCH, MARTIN ANameSEELEY, STEVEN

Address 7700 WEST SUNRISE BOULEVARD Address 7700 WEST SUNRISE BOULEVARD

City-State-Zip: PLANTATION FL 33322 City-State-Zip: PLANTATION FL 33322

Title MGR & CFO Title SECY

Name JACKSON, BRIAN Name WIETHOLTER, DENICE

Address 7700 WEST SUNRISE BOULEVARD Address 7700 WEST SUNRISE BOULEVARD

City-State-Zip: PLANTATION FL 33322 City-State-Zip: PLANTATION FL 33322

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: BRIAN JACKSON

Electronic Signature of Signing Authorized Person(s) Detail

CFO

10/12/2017 Date

FILED Oct 12, 2017

**Secretary of State** 

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