

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000126436

**Entity Name:** NEPHROLOGY SERVICES OF JUPITER MEDICAL SPECIALISTS, LLC

**Current Principal Place of Business:**

1A BURTON HILLS BOULEVARD  
NASHVILLE, TN 37215

**Current Mailing Address:**

1A BURTON HILLS BOULEVARD  
NASHVILLE, TN 37215 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

05/01/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MANAGER  
Name FOX, LEE  
Address 1A BURTON HILLS BOULEVARD  
City-State-Zip: NASHVILLE TN 37215

Title MANAGER, PRESIDENT & CEO  
Name RASTOGI M.D., AMIT  
Address 1A BURTON HILLS BOULEVARD  
City-State-Zip: NASHVILLE TN 37215

Title MANAGER  
Name STILLEY, ROBERT  
Address 1A BURTON HILLS BOULEVARD  
City-State-Zip: NASHVILLE TN 37215

Title MANAGER, SECRETARY  
Name HOPF, DENICE  
Address 1A BURTON HILLS BOULEVARD  
City-State-Zip: NASHVILLE TN 37215

*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:** DENICE HOPF

**SECRETARY**

05/01/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date