

2019 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
MAIL-STOP PL-6
PLANTATION, FL 33322**Current Mailing Address:**7700 WEST SUNRISE BOULEVARD
MAIL-STOP PL-6
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****10/29/2019**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name FOX, LEE
Address 7700 WEST SUNRISE BOULEVARD
MAIL-STOP PL-6
City-State-Zip: PLANTATION FL 33322

Title MANAGER
Name DROZDOW, GILBERT
Address 7700 WEST SUNRISE BOULEVARD
MAIL-STOP PL-6
City-State-Zip: PLANTATION FL 33322

Title MANAGER
Name PINTER, KEITH
Address 7700 WEST SUNRISE BOULEVARD
MAIL-STOP PL-6
City-State-Zip: PLANTATION FL 33322

Title MANAGER
Name RASTOGI, AMIT
Address 7700 WEST SUNRISE BOULEVARD
MAIL-STOP PL-6
City-State-Zip: PLANTATION FL 33322

Title MANAGER
Name STILLEY, ROBERT
Address 7700 WEST SUNRISE BOULEVARD
MAIL-STOP PL-6
City-State-Zip: PLANTATION FL 33322

Title AUTHORIZED PERSON
Name WILSON, CRAIG
Address 7700 WEST SUNRISE BOULEVARD
MAIL-STOP PL-6
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: CRAIG WILSON**AUTHORIZED PERSON****10/29/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date