

2021 FLORIDA LIMITED LIABILITY COMPANY 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

04/29/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MANAGER	Title	MANAGER, CFO
Name	FOX, LEE	Name	DROZDOW, M.D., GILBERT
Address	7700 WEST SUNRISE BOULEVARD	Address	7700 WEST SUNRISE BOULEVARD
City-State-Zip:	PLANTATION FL 33322	City-State-Zip:	PLANTATION FL 33322
Title	MANAGER, PRESIDENT & CEO	Title	MANAGER
Name	RASTOGI M.D., AMIT	Name	STILLEY, ROBERT
Address	7700 WEST SUNRISE BOULEVARD	Address	7700 WEST SUNRISE BOULEVARD
City-State-Zip:	PLANTATION FL 33322	City-State-Zip:	PLANTATION FL 33322
Title	MANAGER, SECRETARY		
Name	HOPF, DENICE		
Address	7700 WEST SUNRISE BOULEVARD		
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: GILBERT DROZDOW, M.D.

CFO

04/29/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date