

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000091138

Entity Name: FLORIDA KIDNEY PHYSICIANS, LLC

Current Principal Place of Business:

12662 TELECOM DR.
TEMPLE TERRACE, FL 33637

Current Mailing Address:

12662 TELECOM DR.
TEMPLE TERRACE, FL 33637 US

FEI Number: 81-2861365

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THOMPSON, LESLIE D
12662 TELECOM DR.
TEMPLE TERRACE, FL 33637 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: LESLIE D. THOMPSON

04/14/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name UTTAMCHANDANI, SHYAM
Address 12662 TELECOM DR.
City-State-Zip: TEMPLE TERRACE FL 33637

Title AMBR
Name BALIGA, RAJ
Address 12662 TELECOM DR.
City-State-Zip: TEMPLE TERRACE FL 33637

Title AMBR
Name GADH, RAJDEEP
Address 12662 TELECOM DR.
City-State-Zip: TEMPLE TERRACE FL 33637

Title PRACTICE ADMINISTRATOR
Name THOMPSON, LESLIE D
Address 12662 TELECOM DR.
City-State-Zip: TEMPLE TERRACE FL 33637

Title AMBR
Name CASARETTO, ALBERTO
Address 407 SE 9TH STREET
SUITE 103
City-State-Zip: FT.LAUDERDALE FL 33316

Title AMBR
Name PATEL, VISHNU
Address 12662 TELECOM DR.
City-State-Zip: TEMPLE TERRACE FL 33637

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: LESLIE THOMPSON

ADMINISTRATOR

04/14/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date