

**2021 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:** Yes

**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

04/08/2021

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 BELTRAN, LUIS  
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 KOTZKER, WAYNE  
Address 407 SE 9TH STREET  
SUITE 103  
City-State-Zip: FT. LAUDERDALE FL 33316

*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 D THOMPSON

MANAGER

04/08/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date