

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000375240

Entity Name: NORTH FLORIDA KIDNEY CARE, LLC

Current Principal Place of Business:

2228 NW 40TH TERRACE
SUITE B
GAINESVILLE, FL 32605

Current Mailing Address:

2228 NW 40TH TERRACE
SUITE B
GAINESVILLE, FL 32605 US

FEI Number: 90-1963120

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TIMOTHY S. DEAN, ESQ.
230 NE 25TH AVENUE
STE 300
OCALA, FL 34470 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name SEEK, MELVIN M MD
Address 230 NE 25TH AVENUE, SUITE 300
City-State-Zip: Ocala FL 34470

Title AMBR
Name ROGERS, TIMOTHY MD
Address 230 NE 25TH AVENUE, SUITE 300
City-State-Zip: Ocala FL 34470

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: MELVIN M SEEK

OWNER/PRESIDENT

01/15/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date