

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000146230

**Entity Name:** SUNSHINE KIDNEY CARE, LLC

**Current Principal Place of Business:**

1400 US HIGHWAY 441  
SHARON MORSE MEDICAL OFFICE BUILDING SUITE 522  
THE VILLAGES, FL 32159

**Current Mailing Address:**

13900 COUNTY ROAD 455  
UNIT 107 #402  
CLERMONT, FL 34711 US

**FEI Number:** 86-3142529

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

HAYES, JOHN S M.D.  
2305 POLO RD.  
MINNEOLA, FL 34715 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 HAYES, JOHN S M.D.  
Address 2305 POLO HILL RD.  
City-State-Zip: MINNEOLA FL 34715

Title AMBR  
Name CALLISTE, INGRID M.D.  
Address 194 HYDRA WAY  
City-State-Zip: GROVELAND FL 34736

*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:** JOHN HAYES

AMBR

02/05/2025

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date