

2024 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 S. HAYES

AMBR

02/07/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date