

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M05000006031

**Entity Name:** ARA-NAPLES DIALYSIS CENTER LLC

**Current Principal Place of Business:**

500 CUMMINGS CENTER  
SUITE 6550  
BEVERLY, MA 01915

**Current Mailing Address:**

500 CUMMINGS CENTER  
SUITE 6550  
BEVERLY, MA 01915 US

**FEI Number:** 13-4310692

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 MEMBER  
Name NEPHROLOGY & HYPERTENSION SPECIALISTS, INC.  
Address 1213 PIPER BLVD SUITE 101  
City-State-Zip: NAPLES FL 34110

Title MANAGER  
Name KAMAL, SYED T.  
Address 17925 CACHET ISLE DRIVE  
City-State-Zip: TAMPA FL 33647

Title MANAGER  
Name GADALLAH, MERIT F. M.D.  
Address 1213 PIPER BOULEVARD SUITE 101  
City-State-Zip: NAPLES FL 34110

Title MEMBER  
Name AMERICAN RENAL ASSOCIATES LLC  
Address 500 CUMMINGS CENTER SUITE 6550  
City-State-Zip: BEVERLY MA 01915

Title MANAGER  
Name MENDEZ, NICK  
Address 34 HAVEN WAY  
City-State-Zip: BEVERLY FARMS MA 01915

*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:** NEPHROLOGY & HYPERTENSION SPECIALISTS, INC.

MEMBER

04/04/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date