

2021 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: NICK MENDEZ

MANAGER

04/17/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date