

2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000006953

Entity Name: WESTERN COMMUNITY DIALYSIS CENTER, LLC**Current Principal Place of Business:**500 CUMMINGS CENTER
SUITE 6550
BEVERLY, MA 01915**Current Mailing Address:**11301 OKEECHOBEE BOULEVARD
ROYAL PALM BEACH, FL 33411-8713 US**FEI Number:** 26-1402857**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 ABRAHAM FAMILY ENTERPRISES, LLC
Address 500 CUMMINGS CENTER SUITE 6550
City-State-Zip: BEVERLY MA 01915

Title MEMBER
Name PANDIT, SUNILA M.D.
Address 500 CUMMINGS CENTER SUITE 6550
City-State-Zip: BEVERLY MA 01915

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

Title MANAGER
Name ABRAHAM, MOHAN ISAAC M.D.
Address 500 CUMMINGS CENTER SUITE 6550
City-State-Zip: BEVERLY MA 01915

Title MANAGER
Name MENDEZ, NICK
Address 500 CUMMINGS CENTER SUITE 6550
City-State-Zip: BEVERLY MA 01915

Title MANAGER
Name KAMAL, SYED T.
Address 500 CUMMINGS CENTER SUITE 6550
City-State-Zip: BEVERLY 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****02/23/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date