

**2025 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	MANAGER
Name	KAMAL, SYED T.
Address	500 CUMMINGS CENTER SUITE 6550
City-State-Zip:	BEVERLY MA 01915

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

Title	MEMBER
Name	ABRAHAM FAMILY ENTERPRISES, LLC
Address	500 CUMMINGS CENTER SUITE 6550
City-State-Zip:	BEVERLY MA 01915

Title	MANAGER
Name	MENDEZ, NICK
Address	1550 W MCEWEN DR, SUITE 600
City-State-Zip:	FRANKLIN TN 37067

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

Title	MEMBER
Name	PANDIT MD, SUNILA
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

01/28/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date