2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 24, 2025
Secretary of State
3553517124CC

DOCUMENT# M08000000947

Entity Name: NORTHWEST JACKSONVILLE DIALYSIS CENTER, LLC

Current Principal Place of Business:

500 CUMMINGS CENTER
SUITE 6550
BEVERLY, MA 01915

Current Mailing Address:

1725 OAKHURST AVE
SUITE 100
JACKSONVILLE, FL 32208 US

FEI Number: 26-1983634

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	Title	MANAGER
Name	ATTMORE, GEORGE	Name	BAKER MD, JAMES D. III
Address	500 CUMMINGS CENTER SUITE 6550	Address	500 CUMMINGS CENTER SUITE 6550
City-State-Zip:	BEVERLY MA 01915	City-State-Zip:	BEVERLY MA 01915
Title	MANAGER	Title	MANAGER
Name	KAMAL, SYED T.	Name	MENDEZ, NICK
Address	500 CUMMINGS CENTER SUITE 6550	Address	1550 W MCEWEN DR SUITE 600
City-State-Zip:	BEVERLY MA 01915	City-State-Zip:	FRANKLIN TN 37067
Title	MANAGER, MEMBER	Title	MEMBER
Name	SMART MD, JAMES B. JR.	Name	SHAPIRO MD, CRAIG
Address	500 CUMMINGS CENTER SUITE 6550	Address	500 CUMMINGS CENTER SUITE 6550
City-State-Zip:	BEVERLY MA 01915	City-State-Zip:	BEVERLY MA 01915
Title	MEMBER	Title	MEMBER
Name	BRUMBACK MD, MICHAEL B.	Name	AMERICAN RENAL ASSOCIATES LLC
Address	500 CUMMINGS CENTER SUITE 6550	Address	500 CUMMINGS CENTER SUITE 6550
City-State-Zip:	BEVERLY MA 01915	City-State-Zip:	BEVERLY MA 01915

Continues on page 2

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 01/24/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	MEMBER
Name	BAKER MD, JAMES D. III
Address	500 CUMMINGS CENTER SUITE 6550
City-State-Zip:	BEVERLY MA 01915