

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M0800000947

**Entity Name:** NORTHWEST JACKSONVILLE DIALYSIS CENTER, LLC

**Current Principal Place of Business:**

500 CUMMINGS CENTER  
SUITE 6550  
BEVERLY, MA 01915

**FILED**  
**Feb 20, 2023**  
**Secretary of State**  
**8011818891CC**

**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	MEMBER
Name	ATTMORE, GEORGE	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
Title	MEMBER, MANAGER	Title	MEMBER, MANAGER
Name	BAKER III M.D., JAMES D.	Name	SMART JR. M.D., JAMES B.
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 M.D., MICHAEL B.	Name	SHAPIRO M.D., 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	MANAGER	Title	MANAGER
Name	KAMAL, SYED T.	Name	MENDEZ, NICK
Address	500 CUMMINGS CENTER SUITE 6550	Address	500 CUMMINGS CENTER SUITE 6550
City-State-Zip:	BEVERLY MA 01915	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**

**02/20/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date