2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 04, 2020
Secretary of State
3310416509CC

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Entity Name: NORTHWEST JACKSONVILLE DIALYSIS CENTER, LLC

Current Principal Place of Business:

1725 OAKHURST AVE.,SUITE 100
JACKSONVILLE, FL 32208

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:

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	MANAGER
Name	CARLUCCI, JOSEPH A.
Address	34 HAVEN WAY
City-State-Zip:	BEVERLY FARMS MA 01915

Title	MANAGER
Name	KAMAL, SYED T.
Address	17925 CACHET ISLE DRIVE
City-State-Zip:	TAMPA FL 33647

Title	MANAGER
Name	WILLIAMSON, DON
Address	105 HILL ST
City-State-Zip:	TOPSFIELD MA 01983

Title	MANAGER
Name	BAKER III, JAMES D.
Address	3569 HEDRICK STREET
City-State-Zip:	JACKSONVILLE FL 32205-9445

Title	MANAGER
Name	SMART, JAMES B. JR.
Address	1649 OSCEOLA STREET
City-State-Zip:	JACKSONVILLE FL 32204

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: JOSEPH A. CARLUCCI MANAGER 06/04/2020

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