2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2021
Secretary of State
3259067944CC

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:

500 CUMMINGS CENTER
SUITE 6550
BEVERLY, MA 01915 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	ATTMORE, GEORGE
Address	105 HILL ST
City-State-Zip:	TOPSFIELD MA 01983

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

Title	MEMBER
Name	BRUMBACK, MICHAEL B. M.D.
Address	3900 JEBB ISLAND CIRCLE W.
City-State-Zip:	JACKSONVILLE FL 32207

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

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

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

Title	MEMBER
Name	SHAPIRO, CRAIG M.D.
Address	1026 PENNSYLVANIA AVENUE
City-State-Zip:	JACKSONVILLE FL 32207

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

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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 04/17/2021

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

Authorized Person(s) Detail Continued :

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

Title	MANAGER
Name	MENDEZ, NICK
Address	34 HAVEN WAY
City-State-Zip:	BEVERLY FARMS MA 01915