

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M13000004906

**Entity Name:** PATOKA DIALYSIS, LLC

**Current Principal Place of Business:**

2000 16TH STREET  
JLD/SECGOVFIN  
DENVER, CO 80202

**Current Mailing Address:**

601 HAWAII STREET  
JLD/SECGOVFIN  
EL SEGUNDO, CA 90245 US

**FEI Number:** 46-3428814

**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 AUTHORIZED MEMBER  
Name TOTAL RENAL CARE, INC.  
Address 2000 16TH STREET  
JLD/SECGOVFIN  
City-State-Zip: DENVER CO 80202

Title AUTHORIZED MEMBER  
Name DEERFIELD DIALYSIS VENTURES,  
LLC  
Address 2000 16TH STREET  
JLD/SECGOVFIN  
City-State-Zip: DENVER CO 80202

Title AUTHORIZED REPRESENTATIVE  
Name CALDWELL, SAMANTHA A.  
Address 2000 16TH STREET  
JLD/SECGOVFIN  
City-State-Zip: DENVER CO 80202

*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:** SAMANTHA A. CALDWELL

**AUTHORIZED  
REPRESENTATIVE**

**04/20/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date