

2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M14000008994

Entity Name: BELLE GLADE DIALYSIS CENTER, LLC**Current Principal Place of Business:**500 CUMMINGS CENTER
SUITE 6550
BEVERLY, MA 01915**Current Mailing Address:**933 S.E. 1ST STREET
BELLE GLADE, FL 33430 US**FEI Number:** 47-2491294**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	MEMBER
Name	AMERICAN RENAL ASSOCIATES LLC
Address	500 CUMMINGS CENTER SUITE 6550
City-State-Zip:	BEVERLY MA 01915

Title	MEMBER
Name	ASHESH, LLC
Address	C/O ARUN AMATYA, M.D. 11301 OKEECHOBEE BLVD.
City-State-Zip:	ROYAL PALM BEACH FL 33411

Title	MEMBER
Name	PANDIT, SUNILA M.D.
Address	6467 DUCKWEED ROAD
City-State-Zip:	LAKE WORTH FL 33449

Title	MEMBER
Name	ABRAHAM FAMILY ENTERPRISES, LLC
Address	C/O MOHAN I. ABRAHAM, M.D. 312 NORTH COUNTRY CLUB DRIVE
City-State-Zip:	ATLANTIS FL 33462

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: AMERICAN RENAL ASSOCIATES LLC

MEMBER

06/03/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date