

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M15000005649

**Entity Name:** SOUTH FLORIDA INTEGRATED KIDNEY CARE, LLC

**Current Principal Place of Business:**

2000 16TH STREET  
JLD/SECGOVFIN  
DENVER, CO 80202

**Current Mailing Address:**

601 HAWAII STREET  
EL SEGUNDO, CA 90245 US

**FEI Number:** 47-4574300

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

Title MEMBER  
Name RENAL ELECTROLYTE AND  
HYPERTENSION CONSULTANTS  
Address 2000 16TH STREET  
City-State-Zip: DENVER CO 80202

Title MEMBER  
Name KAYLIN , MARK MD  
Address 2000 16TH STREET  
City-State-Zip: DENVER CO 80202

Title MEMBER  
Name NEPHROLOGY ASSOCIATES OF  
SOUTH BROWARD, P.A.  
Address 2000 16TH STREET  
City-State-Zip: DENVER CO 80202

Title MEMBER  
Name COASTAL NEPHROLOGY &  
HYPERTENSION CENTER, P.A.  
Address 2000 16TH STREET  
City-State-Zip: DENVER CO 80202

Title MEMBER  
Name SANDLER , RICHARD S. MD  
Address 2000 16TH STREET  
City-State-Zip: DENVER CO 80202

Title MEMBER  
Name TOWNSEND DIALYSIS, LLC  
Address 2000 16TH STREET  
City-State-Zip: DENVER CO 80202

Title MEMBER  
Name EAST FT. LAUDERDALE, LLC  
Address 2000 16TH STREET  
City-State-Zip: DENVER CO 80202

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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:** SAMANTHA A. CALDWELL

**AUTHORIZED PERSON**

**04/29/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title MEMBER  
Name SANDS DIALYSIS, LLC  
Address 2000 16TH STREET  
City-State-Zip: DENVER CO 80202

Title MEMBER  
Name OKANOGAN DIALYSIS, LLC  
Address 2000 16TH STREET  
City-State-Zip: DENVER CO 80202