

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1500005649

FILED
Apr 21, 2021
Secretary of State
6383730141CC

Entity Name: SOUTH FLORIDA INTEGRATED KIDNEY CARE, LLC

Current Principal Place of Business:

JLD/SECGOVFIN
2000 16TH STREET
DENVER, CO 80202

Current Mailing Address:

JLD/SECGOVFIN
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 JLD/SECGOVFIN
2000 16TH STREET
City-State-Zip: DENVER CO 80202

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

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

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

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

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

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

Title MEMBER
Name EAST FT. LAUDERDALE, LLC
Address JLD/SECGOVFIN
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

04/21/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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

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