

2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000003436

Entity Name: LAKE GRAY DIALYSIS CENTER, LLC

Current Principal Place of Business:

6196 LAKE GRAY BOULEVARD
SUITE 112
JACKSONVILLE, FL 32244

FILED
Apr 29, 2023
Secretary of State
4440226677CC

Current Mailing Address:

6196 LAKE GRAY BOULEVARD
SUITE 112
JACKSONVILLE, FL 32244 US

FEI Number: 81-1822392

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 MANAGER
Name KAMAL, SYED T.
Address 6196 LAKE GRAY BOULEVARD
 SUITE 112
City-State-Zip: JACKSONVILLE FL 32244

Title MANAGER, MEMBER
Name BAKER III, JAMES D. M.D.
Address 6196 LAKE GRAY BOULEVARD
 SUITE 112
City-State-Zip: JACKSONVILLE FL 32244

Title MANAGER, MEMBER
Name SMART, JAMES B. JR. M.D.
Address 6196 LAKE GRAY BOULEVARD
 SUITE 112
City-State-Zip: JACKSONVILLE FL 32244

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

Title MEMBER
Name SHAPIRO, CRAIG M.D.
Address 6196 LAKE GRAY BOULEVARD
 SUITE 112
City-State-Zip: JACKSONVILLE FL 32244

Title MEMBER
Name MICHAL, DAVID HILL JR. M.D.
Address 6196 LAKE GRAY BOULEVARD
 SUITE 112
City-State-Zip: JACKSONVILLE FL 32244

Title MEMBER
Name KOTIHAL, RAMESH M.D.
Address 6196 LAKE GRAY BOULEVARD
 SUITE 112
City-State-Zip: JACKSONVILLE FL 32244

Title MEMBER
Name SALAHUDDIN, MUHAMMAD M.D.
Address 6196 LAKE GRAY BOULEVARD
 SUITE 112
City-State-Zip: JACKSONVILLE FL 32244

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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

04/29/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title MANAGER
Name MENDEZ, NICK
Address 6196 LAKE GRAY BOULEVARD
 SUITE 112
City-State-Zip: JACKSONVILLE FL 32244

Title MANAGER
Name ATTMORE, GEORGE
Address 6196 LAKE GRAY BOULEVARD
 SUITE 112
City-State-Zip: JACKSONVILLE FL 32244

Title MEMBER
Name BRUMBACK MD, MICHAEL B
Address 6196 LAKE GRAY BOULEVARD
 SUITE 112
City-State-Zip: JACKSONVILLE FL 32244