

2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M16000004535

Entity Name: TARPON SPRINGS DIALYSIS, LLC**Current Principal Place of Business:**41747 US HIGHWAY 19N
SUITE NO. TBD
TARPON SPRINGS, FL 34689**Current Mailing Address:**41747 US HIGHWAY 19N
SUITE NO. TBD
TARPON SPRINGS, FL 34689 US**FEI Number:** 81-2786905**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT 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 MANAGER
Name KAMAL, SYED T.
Address 17925 CACHET ISLE DRIVE
City-State-Zip: TAMPA FL 33647

Title MEMBER
Name TARPON RHC, LLC
Address 14134 NEPHRON LANE
City-State-Zip: HUDSON FL 34667

Title MANAGER
Name ACHARYA, MURALIDHAR M.D.
Address 14134 NEPHRON LANE
City-State-Zip: HUDSON FL 34667

Title MANAGER
Name D?CUNHA, PRAKAS M.D.
Address 14134 NEPHRON LANE
City-State-Zip: HUDSON FL 34667

Title MANAGER
Name MENDEZ, NICK
Address 34 HAVEN WAY
City-State-Zip: BEVERLY FARMS MA 01915

Title MANAGER
Name ATTMORE, GEORGE
Address 105 HILL ST
City-State-Zip: TOPSFIELD MA 01983

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

03/30/2022

Electronic Signature of Signing Authorized Person(s) Detail_____
Date