2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2022
Secretary of State
3663258170CC

DOCUMENT# M16000005619

Entity Name: KIDNEY CENTER OF TRADITION, LLC

Current Principal Place of Business:

1631 SW GATLIN BOULEVARD
PORT ST. LUCIE, FL 34953

Current Mailing Address:

1631 SW GATLIN BOULEVARD
PORT ST. LUCIE, FL 34953 US

FEI Number: 81-3120829

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	MANAGER
Name	KAMAL, SYED T.
Address	17925 CACHET ISLE DRIVE
City-State-Zip:	TAMPA FL 33647

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

Title	MANAGER
Name	MENDEZ, NICK
Address	1631 SW GATLIN BOULEVARD
City-State-Zip:	PORT ST. LUCIE FL 34953

Title	MANAGER
Name	FLORES, MARIA T.
Address	1401 SE GOLDTREE DRIVE SUITE 102
City-State-Zip:	PORT ST. LUCIE FL 34952

Title	MEMBER
Name	TRADITION KIDNEY CARE, LLC
Address	1401 SE GOLDTREE DRIVE SUITE 102
City-State-Zip:	PORT ST. LUCIE FL 34952

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