

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000006150

**Entity Name:** DAVITA MEDICAL GROUP FLORIDA CI, LLC

**Current Principal Place of Business:**

2000 16TH ST  
ATTN: JLD/SECGOVFIN.  
DENVER, CO 80202

**Current Mailing Address:**

601 HAWAII ST  
ATTN: JLD/SECGOVFIN.  
EL SEGUNDO, CA 90245

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS ST  
TALLAHASSEE, FL 32301 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 MANAGING MEMBER  
Name DAVITA MEDICAL FLORIDA, INC.  
Address 2000 16TH ST  
ATTN: JLD/SECGOVFIN.  
City-State-Zip: DENVER CO 80202

Title MANAGER  
Name RECHTIN, JAMES A  
Address 2000 16TH ST  
ATTN: JLD/SECGOVFIN.  
City-State-Zip: DENVER CO 80202

Title MANAGER  
Name MELLO, JOSEPH A  
Address 601 HAWAII ST  
ATTN: JLD/SECGOVFIN.  
City-State-Zip: EL SEGUNDO CA 90245

Title MANAGER  
Name CHUANG , CHAN-CHOU MD  
Address 2000 16TH ST  
ATTN: JLD/SECGOVFIN.  
City-State-Zip: DENVER CO 80202

*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**

**04/29/2019**

Electronic Signature of Signing Authorized Person(s) Detail

Date