## 2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000009088

Entity Name: CASTLEWOOD DIALYSIS, LLC

**Current Principal Place of Business:** 

2000 16TH STREET JLD/SECGOVFIN DENVER, CO 80202

**FILED** Apr 19, 2024 Secretary of State 9549248548CC

## **Current Mailing Address:**

601 HAWAII STREET JLD/SECGOVFIN EL SEGUNDO, CA 90245 US

FEI Number: 82-3188710 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:

Address

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

Title **AUTHORIZED MEMBER** Title AUTHORIZED MEMBER

TOTAL RENAL CARE, INC. Name Name JEAN-MARIE, ROBENSON MD

Address 2000 16TH STREET Address **2000 16TH STREET** JLD/SECGOVFIN

JLD/SECGOVFIN

DENVER CO 80202 DENVER CO 80202 City-State-Zip: City-State-Zip:

Title **AUTHORIZED MEMBER** Title **AUTHORIZED MEMBER BISCAYNE RENAL LLC** 14801 NE 6TH AVE LLC Name

Name

**2000 16TH STREET** 2000 16TH STREET Address JLD/SECGOVFIN JLD/SECGOVFIN

DENVER CO 80202 DENVER CO 80202 City-State-Zip: City-State-Zip:

Title AUTHORIZED REPRESENTATIVE

Name CALDWELL, SAMANTHA A.

2000 16TH STREET Address

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** REPRESENTATIVE 04/19/2024