

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M17000009300

**Entity Name:** LOCUSTON DIALYSIS, LLC

**Current Principal Place of Business:**

JLD/SECGOVFIN  
2000 16TH STREET  
DENVER, CO 80202

**FILED**  
**Apr 19, 2022**  
**Secretary of State**  
**2976526033CC**

**Current Mailing Address:**

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

**FEI Number: 82-3271181**

**Certificate of Status Desired: No**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
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           TOTAL RENAL CARE, INC.  
Address        JLD/SECGOVFIN  
                  2000 16TH STREET  
City-State-Zip: DENVER CO 80202

Title           MEMBER  
Name           LAKELAND REGIONAL HEALTH  
                  SYSTEMS, INC.  
Address        JLD/SECGOVFIN  
                  2000 16TH STREET  
City-State-Zip: DENVER CO 80202

Title           MEMBER  
Name           CENTRAL FLORIDA KIDNEY CARE,  
                  P.A.  
Address        JLD/SECGOVFIN  
                  2000 16TH STREET  
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**

**04/19/2022**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date