

**2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M18000001533

**Entity Name:** HEALTHCARE PARTNERS MANAGEMENT SERVICES NEVADA, LLC**FILED**  
**Apr 29, 2019**  
**Secretary of State**  
**4874657520CC****Current Principal Place of Business:**2000 16TH STREET  
ATT: JDL/SECGOVFIN  
DENVER, CO 80202**Current Mailing Address:**601 HAWAII STREET  
ATT: JDL/SECGOVFIN  
EL SEGUNDO, CA 90245 US**FEI Number: 27-0398693****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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Authorized Person(s) Detail :**Title MGR  
Name CHUANG, CHAN-CHOU M.D.  
Address 2000 16TH STREET  
City-State-Zip: DENVER CO 80202Title MGR  
Name RECHTIN, JAMES A  
Address 2000 16TH STREET  
City-State-Zip: DENVER CO 80202Title MGR  
Name MELLO, JOSEPH C  
Address 601 HAWAII STREET  
ATT: JDL/SECGOVFIN  
City-State-Zip: EL SEGUNDO CA 90245Title MEMBER  
Name DAVITA MEDICAL MANAGEMENT, LLC  
Address 2000 16TH STREET  
ATT: JDL/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