

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M19000007786

Entity Name: WEST ORANGE WINTER GARDEN DIALYSIS CENTER, LLC**Current Principal Place of Business:**C/O FRESENIUS MEDICAL CARE NORTH AMERICA
920 WINTER ST.
WALTHAM, MA 02451**Current Mailing Address:**1210 E. PLANT ST, STE. 120
WINTER GARDEN, FL 34787 US**FEI Number:** 82-0761702**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	MGR
Name	AWOSIKA, BANJI M.D.
Address	7690 FOREST CITY ROAD SUITE 105
City-State-Zip:	ORLANDO FL 32810

Title	MGR
Name	VALLE, RYAN M
Address	920 WINTER ST. 920 WINTER ST.
City-State-Zip:	WALTHAM MA 02451

Title	MEMBER
Name	WEST ORANGE DIALYSIS HOLDINGS, LLC
Address	1210 E. PLANT ST, STE. 120
City-State-Zip:	WINTER GARDEN FL 34787

Title	MEMBER
Name	BIO-MEDICAL APPLICATIONS OF FLORIDA, INC.
Address	920 WINTER ST.
City-State-Zip:	WALTHAM MA 02451

Title	MGR
Name	EBERT, LISA
Address	920 WINTER ST.
City-State-Zip:	WALTHAM MA 02451

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: BRYAN MELLO

AT

05/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date