2020 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 01, 2020
Secretary of State
4566137350CC

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	Title	MGR
Name	AWOSIKA, BANJI M.D.	Name	VALLE, RYAN M
Address	7690 FOREST CITY ROAD SUITE 105	Address	920 WINTER ST. 920 WINTER ST.
City-State-Zip:	ORLANDO FL 32810	City-State-Zip:	WALTHAM MA 02451
Title	MEMBER	Title	MEMBER
Name	WEST ORANGE DIALYSIS HOLDINGS, LLC	Name	BIO-MEDICAL APPLICATIONS OF FLORIDA, INC.
Address	1210 E. PLANT ST, STE. 120	Address	920 WINTER ST.
City-State-Zip:	WINTER GARDEN FL 34787	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 ASSISTANT TREASURER 06/01/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date