

**2025 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000002812

**Entity Name:** ASSOCIATES IN NEPHROLOGY-FLORIDA, LLC

**Current Principal Place of Business:**

5851 LEGACY CIRCLE  
SUITE:900  
PLANO, TX 75024-5982

**Current Mailing Address:**

PO BOX 251549  
PLANO, TX 75025-1500 US

**FEI Number:** 84-4459697

**Certificate of Status Desired:** No

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

CT 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 C  
Name WEINBERG, THOMAS L  
Address 5851 LEGACY CIRCLE, SUITE:900  
City-State-Zip: PLANO TX 75024

Title MGRM  
Name RANGERS RENAL INTERMEDIATE  
INTERMEDIATE HOLDINGS, INC  
Address 5851 LEGACY CIRCLE, SUITE:900  
City-State-Zip: PLANO TX 75024-5982

Title S  
Name NOTTINGHAM, STEVEN  
Address 5851 LEGACY CIRCLE, SUITE:900  
City-State-Zip: PLANO TX 75024-5982

Title T  
Name HILGER , JAMES K  
Address 5851 LEGACY CIRCLE, SUITE:900  
City-State-Zip: PLANO TX 75024

Title P  
Name DITTRICH, MARY  
Address 5851 LEGACY CIRCLE, SUITE:900  
City-State-Zip: PLANO TX 75024-5982

*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:** THOMAS L. WEINBERG

**CHAIRMAN**

**04/25/2025**

Electronic Signature of Signing Authorized Person(s) Detail

Date