

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 23, 1999 8:00 am  
Secretary of State

04-23-1999 90013 045 \*\*\*150.00

DOCUMENT # P98000054481

1. Corporation Name

RENAL INVESTMENT GROUP, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

160 N.W. 176TH STREET  
SUITE 300  
MIAMI FL 33169

Mailing Address

160 N.W. 176TH STREET  
SUITE 300  
MIAMI FL 33169

2. Principal Place of Business

21 16501 NW 2 AVE

Suite, Apt. #, etc.

22

City & State

23 MIAMI FL

Zip

24 33169-6005

Country

25 USA

2a. Mailing Address

26 16501 NW 2 AVE

Suite, Apt. #, etc.

27

City & State

28 MIAMI FL

Zip

29 33169-6005

Country

30

3. Date Incorporated or Qualified

06/18/1998

4. FEI Number

65-0844014

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

GRUBER, PETER G PA  
9100 SUTH DADELAND BOULEVARD  
SUITE 910  
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME PD  
STREET ADDRESS GOLDSAND, CARL S MD  
CITY-ST-ZIP 160 N.W. 176TH STREET, SUITE 300  
MIAMI FL 33169

TITLE ☐ DELETE

NAME VD  
STREET ADDRESS PENA, CARLOS F MD  
CITY-ST-ZIP 160 N.W. 176TH STREET, SUITE 300  
MIAMI FL 33169

TITLE ☐ DELETE

NAME STD  
STREET ADDRESS KEITHS, ARTHUR  
CITY-ST-ZIP 160 N.W. 176TH STREET, SUITE 300  
MIAMI FL 33169

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☒ Change

☐ Addition

☒ Change

☐ Addition

☒ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99

Date

305-354-4558

Daytime Phone #

0202034.111981