

1

LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

FILED

02 FEB 14 PM 4:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # A25249

1. Entity Name

KIDNEY CENTER OF SOUTH FLORIDA, LTD.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
6101 Blue Lagoon Drive

3. Mailing Address
100 S.E. 2nd Street

DO NOT WRITE IN THIS SPACE

Suite, Apt. #, etc.
Suite 455

Suite, Apt. #, etc.
Suite 4000

DUE BY MAY 1

City & State
Miami, Florida 33126

City & State
Miami, Florida

4. FEI Number
76-0134962

Applied For
Not Applicable

Zip **33126** Country **USA**

Zip **33131** Country **USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Marsha G. Madorsky, Esq.

Street Address (P.O. Box Number is Not Acceptable)
100 S.E. 2nd Street

Suite 4000

City **Miami** FL Zip Code **33131**

8. 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

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

DATE

9. Capital Contributions as Shown on record. **\$50,000.00**

10. Amount of Capital Contributions in FLORIDA to date. **\$50,000.00**

11. **MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

DOCUMENT # **A19548**
NAME **South Florida Lithotripters, Ltd.**
STREET ADDRESS **7400 N. Kendall Drive,**
CITY- ST- ZIP **Miami, Florida 33156**

STREET ADDRESS **100 S.E. 2nd Street, Suite 4000**
CITY- ST- ZIP **Miami, FL 33131**

DOCUMENT #
NAME
STREET ADDRESS
CITY- ST- ZIP

STREET ADDRESS **000005021870--0**
CITY- ST- ZIP **-02/26/02--01073--007
***1316.25 ***1316.25**

DOCUMENT #
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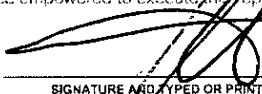
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

STREET ADDRESS
CITY- ST- ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE:

 **H. MADORSKY, G. Partner.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

2-12-02

Date

(305)530-0050

Daytime Phone

CR2E003B (12/01)

STAPLE CHECK HERE



CARLTON FIELDS
ATTORNEYS AT LAW

4000 INTERNATIONAL PLACE
100 S. E. SECOND STREET
MIAMI, FLORIDA 33131

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
P.O. BOX 019101 MIAMI, FL 33131
TEL (305) 530-0050 FAX (305) 530-0055

February 12, 2002

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

Re: ***Kidney Center of South Florida, Ltd.
Uniform Business Report***

Dear Sir/Madam:

Enclosed please find completed Limited Partnership UBR form for the above referenced partnership.

I spoke with an agent at the Department of State who informed me that the previous BUR forms were returned to the Department of State. Inasmuch as we never received the BUR reports for 2000, 2001 and 2002, we are requesting that this partnership be returned to active status. I have enclosed a check for \$1,316.25 for payment of the fees.

Thank you for your consideration in this matter. If you have any questions or problems, please do not hesitate to contact the undersigned.

Very truly yours,

Marsha G. Majorsky

MGM:nb