


2004 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2004

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

04 MAR -8 PM 4:04


DOCUMENT # A25249
 1. Entity Name
 KIDNEY CENTER OF SOUTH FLORIDA, LTD.



Principal Place of Business Mailing Address
 6101 BLUE LAGOON DRIVE, SUITE 455 100 S.E. 2ND STREET, SUITE 4000
 MIAMI, FL 33126 MIAMI, FL 33131

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
 Zip Country Zip Country



01262004 Chg-LP CR2E003 (10/03)
 4. FEI Number Applied For
 76-0134962 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

CFRA, LLC
 ONE HARBOUR PLACE
 777 HARBOUR ISLAND BOULEVARD, SUITE 500
 TAMPA, FL 33602

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

9. Capital Contributions as Shown on record. \$50,000.00 10. Amount of Capital Contributions in FLORIDA to date.

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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	A19548	STREET ADDRESS	
NAME	SOUTH FLORIDA LITHOTRIPTERS, LTD.	CITY - ST - ZIP	
STREET ADDRESS	100 S.E. 2ND STREET, SUITE 4000		800031168398
CITY - ST - ZIP	MIAMI, FL 33131		03/25/04--01023--017 **438.75
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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 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 689, Florida Statutes

SIGNATURE: _____ *2/25/04* _____ *305-530-0050*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

STAPLE CHECK HERE