

# 2005 LIMITED PARTNERSHIP ANNUAL REPORT

DOCUMENT# A25249

FILED  
Apr 29, 2005  
Secretary of State

**Entity Name:** KIDNEY CENTER OF SOUTH FLORIDA, LTD.

**Current Principal Place of Business:**

6101 BLUE LAGOON DRIVE, SUITE 455  
MIAMI, FL 33126

**New Principal Place of Business:**

**Current Mailing Address:**

100 S.E. 2ND STREET, SUITE 4000  
MIAMI, FL 33131

**New Mailing Address:**

FEI Number: 76-0134962

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CFRA, LLC  
CORPORATE CENTER THREE AT INT'L PLAZA  
4221 W. BOY SCOUT BLVD, 10TH FLOOR  
TAMPA, FL 336075736 US

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

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

**Capital Contributions as Shown on record:** 50,000.00

**Amount of Capital Contributions in Florida to date:** 50,000.00

**GENERAL PARTNER INFORMATION:**

Document #: A19548

Name: SOUTH FLORIDA LITHOTRIPTERS, LTD.

Address: 100 S.E. 2ND STREET, SUITE 4000

City-St-Zip: MIAMI, FL 33131

**ADDRESS CHANGES ONLY:**

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: MARTIN MADORSKY, GP OF GP

GP

04/29/2005

\_\_\_\_\_  
Electronic Signature of Signing General Partner

\_\_\_\_\_  
Date