

2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A25249

1. Entity Name
KIDNEY CENTER OF SOUTH FLORIDA, LTD.



FILED

03 MAR 24 PM 1:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MJM

Principal Place of Business
6101 BLUE LAGOON DRIVE, SUITE 455
MIAMI FL 33126

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

324

DUE BY MAY 1, 2003

4. FEI Number 76-0134962

Applied For

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

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

Name
CFRA, LLC

Street Address (P.O. Box Number is Not Acceptable)
One Harbour Place

777 Harbour Island Boulevard, Suite 500

City
Tampa

FL

Zip Code
33602

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

Peter J. Winters Vice President 3-13-03

DATE

9. Capital Contributions
as Shown on record.

\$50,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

11. MAKE CHECK PAYABLE TO FL. 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

13. ADDRESS CHANGES ONLY

DOCUMENT # A19548
NAME SOUTH FLORIDA LITHOTRIPTERS, LTD.
STREET ADDRESS 100 S.E. 2ND STREET, SUITE 4000
CITY-ST-ZIP MIAMI FL 33131

STREET ADDRESS

CITY-ST-ZIP

300014550933
03/24/03--01049--008 **438, T5

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DOCUMENT #
NAME
STREET ADDRESS
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)(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 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

3-13-03

Date

Daytime Phone #

CR2E003 (10/02)