


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001269 AV

DOCUMENT # A25249

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



FILED

03 MAR 24 PM 1:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

MJJ



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

7. Name and Address of New Registered Agent

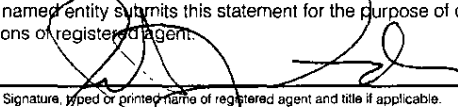
Name **CFRA, LLC**

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

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	300014550933 03/24/03--01049--008 **438,75
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
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:  **3-13-03** DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Daytime Phone #

SAMPLE CHECK HERE

CR2E003 (10/02)