

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 603031

FILED  
Jan 04, 2007  
Secretary of State

**Entity Name:** KIDNEY & HYPERTENSION SPECIALISTS OF MIAMI, P.A.

**Current Principal Place of Business:**

1190 N.W. 95TH STREET  
1190 N.W. 95 ST., STE 207  
MIAMI, FL 33150

**New Principal Place of Business:**

**Current Mailing Address:**

1190 N.W. 95TH STREET  
1190 N.W. 95 ST., STE 207  
MIAMI, FL 33150

**New Mailing Address:**

**FEI Number:** 59-1360522      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

PLOUCHA, L M  
100 SE 3RD AVE  
FORT LAUDERDALE, FL 33394      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

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: FRANKFURT, SEYMOUR  
Address: 1190 N.W. 95 ST.  
City-St-Zip: MIAMI, FL 33150

Title: STD ( ) Delete  
Name: MORDUJOVICH, JORGE  
Address: 1190 NW 95 STREET  
City-St-Zip: MIAMI, FL 33150

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: MILES, ANNE MARIE  
Address: 1190 NW 95 STREET  
City-St-Zip: MIAMI, FL 33150

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SEYMOUR FRANKFURT

PD

01/04/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date