# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Jan 13, 2009**
**Secretary of State**

DOCUMENT# 603031

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

Title: SE ( ) Delete
Name: MILES, ANNE MARIE
Address: 1190 NW 95 STREET
City-St-Zip: MIAMI, FL 33150

Title: TR ( ) Delete
Name: LEMONT, MICHAEL
Address: 1190 NW 95 STREET
City-St-Zip: MIAMI, FL 33150

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MARK STERN MGR 01/13/2009

Electronic Signature of Signing Officer or Director Date