2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2011
Secretary of State

DOCUMENT# 603031

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

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

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

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

OFFICERS AND DIRECTORS:

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

Title: VP
Name: MORDUJOVICH, JORGE
Address: 1190 NW 95 STREET
City-St-Zip: MIAMI, FL 33150

Title: S
Name: MILES, ANNE MARIE
Address: 1190 NW 95 STREET
City-St-Zip: MIAMI, FL 33150

Title: T
Name: LEMONT, MICHAEL
Address: 1190 NW 95 STREET
City-St-Zip: MIAMI, FL 33150

Title: AS
Name: VELAR, ALEXANDER
Address: 1190 NW 95 STREET
City-St-Zip: MIAMI, FL 33150

I hereby 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 all other like empowered.

SIGNATURE: SEYMOUR FRANKFURT PD 03/14/2011

Electronic Signature of Signing Officer or Director Date