

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **727260**

1. Entity Name

SOUTH FLORIDA ARTIFICIAL KIDNEY CENTER, INC.

FILED
Apr 07, 2000 8:00 am
Secretary of State

04-07-2000 90054 014 ****61.25

Principal Place of Business 7900 RED ROAD MIAMI FL 33143 US	Mailing Address 7900 RED ROAD ST. X MIAMI FL 33143-5522 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. <i>Suite 15</i>	3. Mailing Address Suite, Apt. #, etc. <i>Suite 15</i>
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City & State	City & State	4. FEI Number 59-1479657	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

**SEYMOUR, THOMAS
 KENNY, NACHWALTER & SEYMOUR, P.A.
 400 EDWARD BALL BLDG., 100 CHOPIN PLZ
 MIAMI FL 33131**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> Delete
NAME	STONE, ROBERT
STREET ADDRESS	8600 SW 145TH ST
CITY-ST-ZIP	MIAMI FL
TITLE	ST <input type="checkbox"/> Delete
NAME	ANDERSON, BETTY
STREET ADDRESS	9330 BALADA
CITY-ST-ZIP	CORAL GABLES FL
TITLE	PD <input type="checkbox"/> Delete
NAME	ANDERSON, WILLIAM W
STREET ADDRESS	9330 BALADA STREET
CITY-ST-ZIP	CORAL GABLES FL
TITLE	T <input type="checkbox"/> Delete
NAME	WILDER, VANN
STREET ADDRESS	4050 MATHESON AVE
CITY-ST-ZIP	C GROVE FL
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 or supplemental report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **9/3/00 305 661 2907**
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (9/99)