


**2004 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2004**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

04 MAR -8 PM 4:04


**DOCUMENT # A25249**  
 1. Entity Name  
 KIDNEY CENTER OF SOUTH FLORIDA, LTD.



Principal Place of Business      Mailing Address  
 6101 BLUE LAGOON DRIVE, SUITE 455      100 S.E. 2ND STREET, SUITE 4000  
 MIAMI, FL 33126      MIAMI, FL 33131

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
 Zip      Country      Zip      Country



01262004      Chg-LP      CR2E003 (10/03)  
 4. FEI Number      Applied For  
 76-0134962      Not Applicable  
 5. Certificate of Status Desired       \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent      7. Name and Address of New Registered Agent

CFRA, LLC  
 ONE HARBOUR PLACE  
 777 HARBOUR ISLAND BOULEVARD, SUITE 500  
 TAMPA, FL 33602

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

9. Capital Contributions as Shown on record.      \$50,000.00      10. Amount of Capital Contributions in FLORIDA to date.

**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		13. ADDRESS CHANGES ONLY	
DOCUMENT #	A19548	STREET ADDRESS	
NAME	SOUTH FLORIDA LITHOTRIPTERS, LTD.	CITY - ST - ZIP	
STREET ADDRESS	100 S.E. 2ND STREET, SUITE 4000		800031168398
CITY - ST - ZIP	MIAMI, FL 33131		03/25/04--01023--017 **438.75
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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 689, Florida Statutes

**SIGNATURE:** \_\_\_\_\_ *2/25/04* \_\_\_\_\_ *305-530-0050*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER      Date      Daytime Phone #

STAPLE CHECK HERE