


2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

0001269 AV

DOCUMENT # A25249

1. Entity Name
KIDNEY CENTER OF SOUTH FLORIDA, LTD.



FILED

03 MAR 24 PM 1:15

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business
**6101 BLUE LAGOON DRIVE, SUITE 455
MIAMI FL 33126**

Mailing Address
**100 S.E. 2ND STREET, SUITE 4000
MIAMI FL 33131**

MJJ



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

DUE BY MAY 1, 2003

4. FEI Number **76-0134962** Applied For
Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MADORSKY, MARSHA, ESQ.
100 S.E. 2ND STREET, SUITE 4000
MIAMI FL 33131**

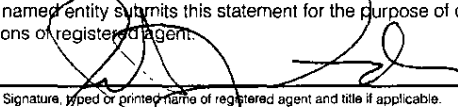
7. Name and Address of New Registered Agent

Name **CFRA, LLC**

Street Address (P.O. Box Number is Not Acceptable)
**One Harbour Place
777 Harbour Island Boulevard, Suite 500**

City **Tampa** FL Zip Code
33602

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  **Peter J. Winters Vice President** 3-13-03
Signature, typed or printed name of registered agent and title if applicable. DATE

9. Capital Contributions as Shown on record. **\$50,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. **MAKE CHECK PAYABLE TO FL. DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION**

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	
DOCUMENT #	A19548
NAME	SOUTH FLORIDA LITHOTRIPTERS, LTD.
STREET ADDRESS	100 S.E. 2ND STREET, SUITE 4000
CITY-ST-ZIP	MIAMI FL 33131
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS	
CITY-ST-ZIP	300014550933 03/24/03--01049--008 **438,75
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
CITY-ST-ZIP	
STREET ADDRESS	
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 620, Florida Statutes

SIGNATURE:  **3-13-03**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

SAMPLE CHECK HERE

CR2E003 (10/02)