2008 FOR PROFIT CORPORATION ANNUAL REPORT

iga na saa dhaga ann an ga dhe na dh'i shedhatha Darra an leo da mhi bhail pala a bhail dha an in bhail neo ba Ca na nag an an dhe ga dhe ann an an dhean chh mhi bhail a san la dhe thi bhail mhean a chin bhail bhaille in

DOCUMENT # F04190

1. Entity Name

CENTRAL FLORIDA KIDNEY CARE, P.A.



FILED
Feb 06, 2008 08:00 AM
Secretary of State

Principal Place of Business 1745 LAKELAND HILLS BLVD LAKELAND, FL 33805 Mailing Address

1745 LAKELAND HILLS BLVD LAKELAND, FL 33805



02042008

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-2034551

Applied For Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAPIA, HUGO R.; M.D. 1745 LAKELAND HILLS BLVD LAKELAND, FL 33805

DO NOT WRITE IN THIS SPACE

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees U00000817629 02/15/08-80010-013 150.00

	ay 1, 2000 1 cc will be \$350.00	
10.	OFFICERS AND DIREC	CTORS
TITLE NAME STREET ADDRESS CITY-ST-7IP	PD TAPIA, HUGO R., MD 1745 LAKELAND HILLS BLVD LAKELAND, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/T VILCHES, RICARDO MD 1745 LAKELAND HILLS BLVD LAKELAND, FL	
TITLE NAME STREET ADDRESS CITY-ST-7IP	D/S AGUAYO, JOSE J. MD 1745 LAKELAND HILLS BLVD LAKELAND, FL 33805	4 1
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY ST-ZIP		

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hay began aya karabiliya terberak arabiliya ka

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

IGNATURE AND TYPED OF SPINTED NAME

HUGO R. TAPIA, M.D.

2/4/08

863-688-0576 Davtime Phone