


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Feb 06, 2008 08:00 AM
Secretary of State

DOCUMENT # F04190	
1. Entity Name CENTRAL FLORIDA KIDNEY CARE, P.A.	

Principal Place of Business 1745 LAKELAND HILLS BLVD LAKELAND, FL 33805	Mailing Address 1745 LAKELAND HILLS BLVD LAKELAND, FL 33805
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02042008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2034551	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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

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 _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

600000917629
 02/15/08-80010-013 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	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-ZIP	D/S AGUAYO, JOSE J. MD 1745 LAKELAND HILLS BLVD LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:

Hugo R. Tapia

HUGO R. TAPIA, M.D.

2/4/08

863-688-0576

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #