

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04190

FILED  
Feb 01, 2011  
Secretary of State

**Entity Name:** CENTRAL FLORIDA KIDNEY CARE, P.A.

**Current Principal Place of Business:**

1745 LAKELAND HILLS BLVD  
LAKELAND, FL 33805

**New Principal Place of Business:**

**Current Mailing Address:**

1745 LAKELAND HILLS BLVD  
LAKELAND, FL 33805

**New Mailing Address:**

FEI Number: 59-2034551

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: TAPIA, HUGO R., MD  
Address: 1745 LAKELAND HILLS BLVD  
City-St-Zip: LAKELAND, FL

Title: D/T  
Name: VILCHES, RICARDO MD  
Address: 1745 LAKELAND HILLS BLVD  
City-St-Zip: LAKELAND, FL

Title: D/S  
Name: AGUAYO, JOSE J. MD  
Address: 1745 LAKELAND HILLS BLVD  
City-St-Zip: LAKELAND, FL 33805

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HUGO R. TAPIA

PD

02/01/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date