2005 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)

DOCUMENT # F78393

1. Entity Name

FLORIDA KIDNEY CENTERS, INC.

Principal Place of Business	Mailing Address
220 COMPASS DRIVE FORT LAUDERDALE FL 33308-2019 US	220 COMPASS DRIVE FORT LAUDERDALE FL 33308-2019 US

1st MOORE   CR2E034 (10/04)

2. Principal Place of Business	3. Mailing Address
220 North Compass Drive Suite, Apt. #, etc.	220 North Compass Drive Suite, Apt. #, etc.
City & State	City & State
Zip Country	Zip Country

4. FEI Number   59-2259100   Applied For / 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
SCHNEIDER, NEIL 9851 NW 39 CT. CORAL SPRINGS FL 33065	Name Street Address (P.O. Box Number is Not Acceptable) 220 North Compass Drive City FT. Lauderdale FL Zip Code 33308

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: _____   3-14-05
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, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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

10.	OFFICERS AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PSTD NAME SCHNEIDER, NEIL STREET ADDRESS 220 COMPASS DRIVE CITY-ST-ZIP FORT LAUDERDALE FL 33308-2019	☐ Delete	TITLE NAME STREET ADDRESS 220 North Compass Drive CITY-ST-ZIP	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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: _____   3-14-05   954-351-1801
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #